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Activating Psychosocial Local Resources in Territories Affected by War and Terrorism

Edited by
Eva Baloch-Kaloianov
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ACTIVATING PSYCHOSOCIAL LOCAL RESOURCES IN TERRITORIES AFFECTED BY WAR AND TERRORISM

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Activating Psychosocial Local Resources in Territories Affected by War and Terrorism

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and

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Slovene Philanthropy, Association for the promotion of voluntary work

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Preface

Eva BALOCH-KALOIANOV and Anica MIKUŠ KOS

The book contains the materials from the NATO Science for Peace and Security Programme Advanced Research Workshop “Activating Local Resources for the Protection of Psychosocial Development of Individuals and Communities in Territories Affected by War and Terrorism” held in Pristina, Kosovo, April 18-20, 2008.

This workshop was preceded by two Advanced Research Workshops held in the frame of the NATO Science for Peace and Security Programme:

- “Promoting the Psychosocial Well Being of Children Following War and Terrorism” (Ljubljana, Slovenia, June 2003)¹ and
- “Evaluation of Community Based Psychosocial Programmes in Areas Affected by Armed Conflicts and Terrorism” (Lipica, Slovenia, April 2007).

About the workshop

The 44 participants of the workshop were scholars and researchers, practitioners and field workers from regions affected by armed conflicts, representatives of international NGOs, representatives of social systems and decision makers relevant for the mental health and psychosocial well-being, particularly of the well-being of youths and children (education, health care, youth and child protection etc.), and representatives of donor organisations.

The following 17 countries were represented: Albania, Austria, Bosnia, Croatia, Germany, Hungary, Kosovo, Macedonia, Moldova, Montenegro, the Netherlands, the Russian Federation (North Ossetia – Allania), Serbia, Slovenia, Sweden, Switzerland and the United Kingdom.

The co-directors of the workshop were: Anica Mikuš-Kos, Slovene Philanthropy (Slovenia); Dean Ajdukovic, Society for Psychological Assistance Zagreb (Croatia), Emir Kuljuh, Omega Health Care Center, Graz (Austria).

There were manifold reasons why Kosovo was chosen as the place of the workshop. The region suffered from armed conflicts and is still affected by post-conflict social adversities. A considerable number of psychosocial programmes has been run in Kosovo in which the three co-directors of the present workshop have been involved as mental health experts. The local partner NGO in Kosovo Centre for Promotion of Education – QPEA, who hosted the workshop, is the main organiser of community based and school based psychosocial programmes in Kosovo. The basic philosophy of QPEA is activation of local resources for psychosocial activities and implementing them in existing structures and networks. The work of QPEA which has

¹ See Matthew J. Friedman and Anica Mikuš Kos: “Promoting the Psychosocial Well Being of Children Following War and Terrorism”, NATO 2004.

been financed by numerous foreign and international donors, can serve as an example of building psychosocial recovery on community based processes and on local resources. So the workshop took place in a social context familiar with the practice of mobilisation of local resources.

The objectives of the workshop were:

- To discuss conceptual frames of activation and development of local resources and social capital;
- To demonstrate models of good practice of use of foreign resources for activation of domestic resources;
- To confront the views and strategies used by foreign donors and implementing agencies with views and evaluations by local partner organisations or institutions, and recipients of assistance;
- To analyse the role of local NGOs in the process of recovery, social reconstruction and development of regions affected by armed conflicts;
- To analyse obstacles and most frequently encountered problems in activation of local human resources and capacity building;
- To prepare recommendations and a publication which will contribute to a wide dissemination of practice of activation of local resources and realisation of capacity-building principles.

Some conclusions of the workshop

The participants of the workshop considered that the necessity of activation and building local resources needed for recovery and development should be highlighted at the level of individuals, social systems and structures, social networks, civil society and at the level of the community in general. This combined approach is a solid basis for the efficiency and effectiveness of programmes and assures sustainability of outcomes.

Mental health and psychosocial functioning of the population in post-conflict times are of crucial importance for the individual and community recovery and development of social capital and for the social and political stability. That is an important reason why mental health and psychosocial programmes financed by foreign donors are run in areas affected by war. The bulk of psychosocial activities are aimed to help people to overcome experienced traumas and losses and to cope with post-conflict difficult circumstances. The workshop was paying a special attention to programmes for activation, empowerment and strengthening coping capacities of children and youths. The priority accorded to programmes directed towards children and youths has several justifications. Children and youths are particularly receptive to positive psychosocial influences; all children can be reached by psychosocial interventions in the frame of the school system, etc.

The group of participants and the authors of papers included in the book expect that the workshop will contribute to reducing the gap between declared principles of local capacity building and mobilisation of local resources, and the reality of psychosocial interventions, and consequently to a more efficient use of international funds.

For moving forward in this process, structural changes as changes in requirements and forms for submitted proposals, required outputs and evaluation, are needed. Besides, further efforts are needed to achieve that actors at different levels (policy makers, donors, decision makers, the scientific level, the level of project design, the level of field work, etc.) would recognize the immense advantage of local capacity building for the realisation of this concept of aid. The importance of including the concept and practical realisation of mobilisation of local human resources as a priority topic in training for all players in the field of humanitarian and developmental aid was underlined.

Of special interest in the workshop were the presentations of good practices on territories of the Western Balkans and North Caucasus. Concrete projects were presented in order to show in an operational way how principles can be put into life. These texts cover a comparatively large space in the volume, but the editors consider that a comprehensive display of projects could best serve as concrete models of good practice. Realised activities show that very efficient psychosocial programmes based mainly on local resources can be successfully run.

It was agreed that treating the topic of the workshop is of utmost importance for donors, implementing organisations, NGOs and other parties involved in humanitarian aid and in developmental assistance to countries affected by armed conflicts and terrorist acts and by post-conflict social adversities. Although the idea of developing local human resources and capacity-building on those territories is formally widely accepted, the working reality and the field situation show repeatedly that this principle is not respected sufficiently in the present decision-making processes and implementation processes. The investments of the international community in psychosocial programmes are quite often used for the implementation of “imported” programmes under the leadership of foreign experts without paying sufficient attention to mobilisation of local resources and capacity building. The participants of the workshop and the authors of the book do hope that the workshop and the publication of proceedings will contribute to this process.

The importance of high lightening the perspective of activation of local human resources transgresses the circumstances of various man-made, technical or natural disasters. It is of particular importance in present times when the social economy in general has to be revised in order to overcome the crisis of planetary dimensions and to prevent future crisis.

Workshop Papers

The editors would like to thank all key note speakers who contributed their papers for this volume. The range of topics covers theoretical, methodological and practical issues concerning the activation of local resources for the protection of psychosocial development of individuals and communities in territories affected by war and terrorism.

The opinions expressed by the authors do not necessarily reflect the opinion or position of the editors and the publisher.

Elizabeth Capewell explores action research as a means of mobilising community recovery in traumatised communities. In her analysis of action research in a case study after the Omagh Bomb, Northern Ireland, UK in 1998, Capewell investigates action

research strategies and methods used in the immediate aftermath of a traumatic event. Capewell argues that the principles and skills of action research - a method that involves and empowers those it studies - are especially appropriate in dealing with traumatised communities. Action research offers a flexible yet disciplined approach in volatile situations to mobilising traumatised communities towards recovery. Based on her account of action research Capewell elaborates multi-dimensional "disaster management" models of responding to major incidents affecting communities.

Drawing on her work experience with children in different post-war communities *Zdenka Pantić* illustrates the needs of children in war-affected areas in Croatia and the region, as well as possible ways of recovery and empowerment of children and their immediate surroundings: parents, school and the local community. Pantić argues that to assist children in continuously difficult circumstances in the post-war society in Croatia means to empower their social surroundings. The empowerment of social environment under the complex circumstances of divided post-war communities requires, according to Pantić, to develop a contextual approach to trauma and reconciliation in parallel with other actions in the community.

The paper of *Emir Kuljuh* tackles the negative impacts of war turbulences on individuals, families and groups. Given the lack of stabilizing factors in families, the author examines positive and protective factors supporting child development in post-war situations. He concludes that after periods of turmoil school as supportive system starts functioning even before family systems do and therefore school can serve as a protective factor for children. The author also discusses the role of school as a resource and protective factor for children's mental health and psychosocial development.

Åke Björn and *Ruhije Hodza-Beganovic* present in their contribution a medical programme in post-war Kosovo aiming at capacity building parallel to meeting emergency needs. The authors point out that while internationally mental health care for traumatised populations after a disaster or an armed conflict has been increasingly significant during the last decades, Kosovo lost its traditional medical referral systems following the regional conflicts after 1990 and the crisis in 1999, with the effect that families with members suffering from life threatening conditions, where treatment was not available in the country, downplayed mental health aspects. The article discusses the establishment of international networks, ethical dilemmas and aspects of priority-setting within a limited budget.

Jean-Claude Métraux investigates the relationship between collective grief in post-war social environments, the formation of actors' views on change, activity and otherness, and the role of experiences of recognition in processing collective grief. Métraux argues that indicators of recognition are most likely to identify the presence or absence of conditions required for the overcoming of collective grieving and suggests that evaluations employing such indicators be carried out at the levels of the donors, of the local NGOs and of the professionals and volunteers directly involved in the field work in social environments of collective grieving.

The study of *Harald C. Traue*, *Lucia Jerg-Bretzke* and *Jutta Lindert* provides data of post-traumatic stress disorder, depression, anxiety and specific symptoms of mental and somatic disorders and traces relationships between biographical data and experiences of violence to disease symptoms. A key finding of this investigation, which also includes clinical interviews and analysis of data from a cross-sectional survey among Kosovo-Albanians who came to Germany in 1999, is that persons who had spent less time during forced displacement have lower prevalence of main outcome

measures. An emphasis is laid upon the correlation between age and anxiety. War and organised violence are disclosed as detrimental to public health.

Oxana Alistratova delivers a tangible example of social work aimed at the reintegration of victims of human trafficking in the Transnistria region in the Republic of Moldova. The author depicts experiences of grass-roots work of the NGO "Interaction" in activating local resources promoting the psychosocial development of affected individuals and in supporting policies at community level. A typology of target-persons' profiles is presented, designed to tailor services and enable a solution oriented assistance to victims of human trafficking.

The activation of local human resources in the psychosocial field is tackled also in the article of *Ramush Lekaj, Muharem Asllani* and associates presenting the activities of the Centre for Promotion of Education (QPEA) in Ferizaj, Kosovo. Objectives such as protecting the psychosocial well-being of children, promoting their education or hedging the psychosocial and psycho-pedagogic quality of the educational system of Kosovo are outlined alongside operative tasks such as the coverage of rural and less developed areas with programmes, the coordination of activities of involved actors as well as the conjunction between individual recovery and the community development.

A further contribution of *Lekaj, Asllani* and associates makes a deeper cut in provisions to mobilise institutional and human resources in the school system. The study of psychosocial programs in Kosovar primary school system envisages a variety of outreach, training and counselling activities to conclude that such provisions can activate substantial human energies and in targeting school children aged 6 – 15 lay a cornerstone for the future of the community.

The future is also a core theme in the third contribution of *Lekaj, Asllani* and associates in this volume. The authors comment the Kosovar situation and especially work experiences of the Centre for Promotion of Education (QPEA) with programmes of mobilising local professional and institutional resources and resources of civil society (volunteers). Voluntary work for covering psychosocial needs of children and youths is regarded as an important investment in community's future as it not only supports recovery processes of adolescent generations but also fosters participative behaviour of citizens and civil engagement in post-conflict societies.

Anica Mikuš Kos' analysis discusses the relations between human resources, social capital, capacity building, sustainability, mental health and psychosocial well-being. Drawing on rich experience of field work in areas affected by armed conflicts and terrorist acts Mikuš Kos highlights some negative effects of the impact of psychosocial training and programmes on local human resources. The author points out the gap between the political rhetoric and the actual practice of mobilisation of local human resources in the frame of psychosocial assistance and brings this problematic to the attention of donors, programme designers, field workers and local agents by way of examples from the practice.

Special thanks

The editors would like to express their special thanks to *Elizabeth Capewell* (Centre for Crisis Management & Education, Newbury, England), who summed up the workshop results, *Petra Založnik* (Slovene Philanthropy, Slovenia) for her work in editing texts of this volume and *Nicola Baloch* (Omega Health Care Center, Graz, Austria) for proof-reading the papers of this volume.

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Contents

| | |
|---|-----|
| Preface | v |
| <i>Eva Baloch-Kaloianov and Anica Mikuš Kos</i> | |
| Action Research as a Means of Mobilising Co-Operative Community Psycho-Social Recovery from Trauma | 1 |
| <i>Elizabeth Capewell</i> | |
| Illustrating Efforts of the NGO Scene and Local Professionals to Improve the Situation of Children in Post-War Societies | 17 |
| <i>Zdenka Pantić</i> | |
| The Role of School as a Resource and Protective Factor for Children's Mental Health and Psychosocial Development | 27 |
| <i>Emir Kuljuh</i> | |
| Capacity Building in Specialised Health Care as Support to Sustainable Ongoing Primary and Mental Health Care Protective Processes in the Society | 31 |
| <i>Åke Björn and Ruhije Hodza-Beganovic</i> | |
| Community Losses and Grieving Processes: An Epistemological Revolution | 37 |
| <i>Jean-Claude Métraux</i> | |
| Anxiety and Trauma Symptoms in Refugees After Displacement from Kosovo | 45 |
| <i>Harald C. Traue, Lucia Jerg-Bretzke and Jutta Lindert</i> | |
| Local Resources for the Protection of Psychosocial Development of Individuals and Communities in Territories Affected by War: Assessment of Developments Concerning the Psycho-Social Status of Trafficked Persons with the Aim of Assessing the Level of Intensity of Rehabilitative-re-Integrative Work | 51 |
| <i>Oxana Alistratova</i> | |
| The Psychosocial Situation in Kosovo and the Activities of QPEA | 63 |
| <i>Ramush Lekaj, Muharem Asllani, Faton Lekaj, Anica Mikuš Kos, Sabit Shabani and Haki Xhakli</i> | |
| Mobilising Institutional and Human Resources of the School System | 85 |
| <i>Ramush Lekaj, Muharem Asllani, Milaim Elshani, Faton Lekaj, Jashar Lushtaku, Musli Marevci, Arsim Mehmeti, Anica Mikuš Kos, Bonnie Müller, Muharem Peci and Haki Xhakli</i> | |
| Mobilising Community Resources for Present Times and for the Future | 115 |
| <i>Ramush Lekaj, Muharem Asllani, Arber Ademi, Bekim Isaku, Arlinda Jusufi, Bajram Krasniqi, Emir Kuljuh, Ylber Lekaj, Anica Mikuš Kos, Ahmet Sallova, Sabit Shabani, Sejdi Statovci and Shukrije Statovci</i> | |
| Psychosocial Programmes Can also Diminish or Destroy Local Human Resources | 139 |
| <i>Anica Mikuš Kos</i> | |

| | |
|--|-----|
| Concluding Comments: Contexts and Topics of the NATO Advanced Research Workshop in Pristina, Kosovo, April 2008 <i>Emir Kuljuh</i> | 157 |
| Annex 1 – List of Contributors | 163 |
| Annex 2 – List of Organisations | 167 |
| Author Index | 171 |

Action research as a means of mobilising co-operative community psycho-social recovery from trauma

Elizabeth CAPEWELL

Abstract: This paper outlines the key principles of authentic action research showing how its fundamental philosophy and purpose make it a distinct activity from traditional scientific research. It is particularly suited to inquiry into social situations with self-determining people who can be engaged as co-researchers to produce useful answers to issues relevant to themselves. Action research offers a flexible yet disciplined approach in volatile situations to mobilising traumatised communities towards recovery. It can begin with low-cost self-research to transform reactivity into useful action thereafter engaging others, and ultimately large systems, as co-enquirers.

Introduction ¹

I was first faced with a traumatised community in 1987 after the largest mass murder in peacetime Britain in a small quiet town south of Oxford when I was a practitioner in an Education Department. Few then had any direct experience of trauma so, with the need to act quickly, I approached it with an open, inquiring mind influenced by my professional training and learning from my mentors who happened to be in the forefront of developing action research in the UK. These attitudes allowed me to listen acutely, reflect with awareness and encourage colleagues and members of the traumatised community to do the same. Together we co-created useful learning and actions which moved individuals, groups and community organisations, including three affected schools, towards recovery (Capewell, 1998, 2003, 2005; Pittman, 2000). Over the next 20 years I increased my understanding of action research and brought many experiences together (as shown in the diagram below) to bring more rigour to my practice and to develop models through which learning could be passed on.

While the traumas I have responded to, even the bombings in Northern Ireland, have not been on the same scale as those faced by many others in this audience, I believe the principles and skills of action research are especially appropriate to our difficult work because the most fundamental inquiry into oneself, the basis of all action research, can at least guide and give order to one's attitudes and actions even when surrounded by utter chaos. It is an anchor that can steady anyone in turbulent seas.

Action Research is an umbrella term, covering many forms of inquiry from the personal forms (e.g. Torbert's Action Inquiry, Torbert, 2004) to co-operative group inquiries (Heron, 1996; Heron & Reason, 2001) and organisational inquiries (e.g.

¹ I should like to thank the organisers of the seminar for giving me the opportunity to present my paper, NATO for the financial support to attend, our hosts in Kosovo for their kindness and hospitality and all the other participants for their inspirational stories and work in very difficult situations.

Learning Histories (Torbert, 2001), Large Group interventions, Leith, 1997) to the large scale programmes of Participative Action Research (Selenar, 1997), Open Space Technologies (Martin, 2001) and Appreciative Inquiry (Ludema et al, 2001). The term was developed by social scientists such as Kurt Lewin (Lewin, 1951) for situations where traditional scientific research is not capable of producing results which are meaningful or useful to the people who need them at the time they need them, as Lewin said, “Research that produces nothing but books will not suffice”. Human beings are self-determining and act in ways that are not predictable or strictly rational to on-lookers, particularly so during and after major traumas where the unique individual factors, chaos and emotional upheaval make generalised, standardised solutions unworkable.

What has influenced my principles and practice?



Action Research – Clearing the Myths and Misconceptions

When a new movement emerges, especially when it brings powerful challenges to old orthodoxies, myths about its purpose and application abound. I shall deal with these now to clear the way for the reader who wishes to bring an open and enquiring mind to this paper.

The most frequent misconceptions I hear are first, that action research is in direct opposition to traditional quantitative scientific research. Indeed, the term ‘research’ invites this comparison rather than allowing it to be seen as something with different purposes. Instead, action research is best viewed as an *orientation to inquiry* “*that shapes methodological practices. There are no right answers, rather lots of choices, and the quality of inquiry is shaped by the appropriateness of these choices and the way they are made*” (Reason & McArdle, 2004), The second frequent misconception is that action research is just another name for qualitative or naturalistic data and research. In fact, action research may use both quantitative and qualitative data along with other forms of evidence according to what is appropriate. What *is* true is that the differences found between authentic action research and other forms of research

(whether described as qualitative or quantitative), will be understood by looking at the underlying *philosophy* and the nature of the *process* by which knowledge is generated, not on methods of data collection and analysis. Action research challenges the assumptions of positivist research that researchers must be passive, objective observers who have no impact on what they are researching. It challenges research designed overtly or covertly purely for the self-serving purposes of the researcher and/or those commissioning it. It particularly challenges research and methods which use and abuse those being researched.

Action Research: ‘Caught not Taught’

Action research has perhaps only itself to blame for confusions because, like many process orientated movements, it refuses to pin itself down, either in the way it is practised or the nature of what it seeks to achieve. In worlds craving control over uncertainty and chaos, where exact plans and programmes, targets, costs and outcomes and even certain results are wanted, the organic, ever-changing processes of true action research must usually remain an ideal. Newcomers to action research often demand security by wanting to know exact methods of practice before going through an empowering process of realisation that they, with others, may critically create their own. The challenge must be in how to create pragmatic solutions while aspiring to remain true to the principles and in how to show others the way before they have truly grasped the concept of what action research involves. Much to the annoyance of educational establishments, action research is not a research method that can be taught, rather it is an approach and a process that is best experienced and caught. It is probably more accurate to ask “*How is it?*” rather than “*What is it?*”

The Process of Action Research: Key Ingredients

Action research can be said to be an ‘*aspiration, powered by an intent embodied in the researcher’s attitude of inquiry, reflection and action*’. Its *primary purpose* is to produce practical knowledge useful to people in the everyday context of their lives. Examples range widely from social activism in South America, large scale organisational developments in Scandinavia (Toulmin & Gustavsen, 1996) to developing Red Cross services (Burns, 2007) and many more, as shown in the case studies to be found in Reason & Bradbury (2001). For a process to be defined as action research, whatever the predominant form of data collection and interpretation, there must be several fundamental ingredients which will now be outlined:

- Essentially, and greater than the sum of all the points that follow, action research must ultimately be concerned with human flourishing, seeking to empower those it involves, enhance their lives and add to the quality of human experience.
- An authentic action research programme will be grounded in the experience of co-participants. It will arise from the lived experience of the people being researched and be returned to enhance it. The experiences refer both to the issue of primary concern and to the very experience of working together to

produce solutions. This process may provide a microcosm and mirror of the whole which offers clues to the way forward.

- Action research is grounded in the belief that it should be participative with those being researched playing a full part in the whole process, from choosing the inquiry questions to interpreting and implementing the results, alongside professional researchers who bring their own expertise.
- As a participative endeavour, action research will therefore be grounded in democratic principles of being “for the people, by the people and with the people” (Heron & Reason, 2001). This is a challenge to elitist research paradigms which view knowledge and its generation as the privileged preserve of an academic elite to be ‘done to’ the passive research subjects who are then expected to be compliant when attempts are made to implement (or impose) the results.
- Action research is grounded in world views that are ecological and holistic with a belief that all beings and inanimate objects are connected. Linking it to chaos theory, even the smallest action or reflection can bring about change far wider and deeper in the whole than can be imagined.
- This interactivity therefore means that action research is contextual requiring that research from one setting cannot easily be generalised and applied to similar concerns in very different contexts with different people.
- Because action research is contextual it moves between different levels of the human system, from the personal through the inter-relational to the community and larger organisational levels, as well as considering the interactions between the human systems and the cosmos. It thus demands inquiry at and between each level.
- Finally, action research is defined by its acceptance of all forms of knowledge and evidence, recognising the strengths and limits of each and using the truths of each to produce a rich and many faceted diamond of reality. John Herron (Herron, 1996) has categorised the different forms of knowledge as ‘Four ways of knowing’: Experiential knowing, the tacit knowing that is the foundation of negotiating the world; Presentational knowing, which concerns presentational forms and images which precede language; Cognitive knowing, the facts; and Practical knowing, the skills and practice which teach us as we act and apply them.

An area that signifies that action research is in a totally different paradigm from traditional ways of thinking about research is that of Validity. Rigorous standardised, controlled testing, the gold standard of scientific research, is needed for scientific research but it would not be relevant to many social situations. Highly contextual, complex and ever changing contexts would render reductionist methods meaningless or unethical. Stripping a situation of all its variables and subjectivity in order to produce generalised, standardised results is of little use to real-life, messy and self-determining people. Action researchers are of course interested in standards but, being process orientated, criteria for good research are more about process and what happens during the research and afterwards. Validity tests need not be those imposed from external sources but may be the result of a creative process between all participants. Whatever forms are used, they should follow the principles outlined above, be open to scrutiny

and be relevant to the people involved and the subject of the research. Reason (2001) has outlined questions which can guide quality in action research:

- How far is the action research participative, involving collaboration and democratic values which are authentic and not tokenistic?
- In what ways does it encourage human flourishing?
- How far has it produced practical knowledge that is useful to the co-researchers and, the ultimate arbiter, does it improve their situation?
- In what ways does the inquiry matter? Does it deal with questions of significance? (*This is what I refer to as the 'so what?' test*)

Crucial to action research is the formulation of questions useful to the co-inquirers which reach the heart of the issue and stimulate inquiry amongst them. Finding the right question can itself produce useful inquiry and avoids the problem of traditional research which imposes externally motivated hypotheses that limit and control it. An example of a good question for action research was one posed by Anica Mikuš Kos during this conference: “What can I/we do to energise this traumatised community?”

Action Research – an Appropriate Means of Mobilising Community Recovery in Traumatised Communities?

Before saying more about the tools and skills of action research I want now to consider why I believe action research is a useful approach for mobilising co-operative community recovery in traumatised communities.

First and foremost, action research is a research suitable for practitioners and it is usually practitioners who find themselves on the front-line of recovery work. Unlike clinical laboratory research with ‘objective’ researchers, it values and pays attention to the lived experience of the practitioner, including their emotions, subjectivity and knowledge gained while actually doing the work. What is learned comes from a qualitatively richer base of knowledge than from a ‘number crunching’ exercise which reduces human experience at a time when traumatised people want to be reconnected to a real human being. Moreover, the local knowledge of co-inquirers is also valued and the constant cycling of inquiry, reflection and action means that the results can be implemented and tested and refined and re-tested as part of the inquiry. The process becomes the means of recovery by which traumatised people can be empowered to participate in their own recovery. What use is it to them to wait for months while a research programme to establish their degree of trauma is devised, funded and carried out to prove they need help? Why wait for reactions to escalate or become entrenched when, with action research providing rigour and discipline, practitioners can mobilise preventative and empowering inquiry and action before poor coping styles are chosen and poor decisions taken which make matters far worse. Such methods also identify and mobilise people who are psychologically resilient enough to become ‘agents of recovery’ in their own communities. Furthermore, it ensures that all levels of the system are engaged in recovery and exposes opportunities to resolve differences between them.

Action Research Inquiry Questions and Strategies

Action research provides principles of operation and a strategy of practice which can improve professional practice and the understanding and action of lay inquirers. There is not the space to give a comprehensive account of all the methods already devised and I refer those interested in learning more to the book list. There are of course an infinite number of methods waiting to be devised by co-inquirers themselves – and yourselves, and any method is open for use as long as it meets the philosophy and criteria of action research described earlier. In general the methods will serve the purpose of identifying and refining questions that will stimulate inquiry and action; gathering rich, multi-layered data from varied sources; testing out and refining possible solutions and embedding these in practice.

A useful grouping by which methods can be organised has been devised, based on the level of engagement – personal, interpersonal and large scale systems referred to as First, Second and Third person Inquiry (Torbert, 2001). The questions below, formulated by Reason (Reason, 2001), can be used to distinguish each level of inquiry:

First-person inquiry:

Used for self-exploration of inward beliefs, thoughts and feelings and of outward personal action.

Questions for first-person inquiry are of the kind:

- How do I embody my values in my work?
- Who is the 'I' engaged in this project?
- What biases and frames do I bring?
- What are my patterns of behaviour?
- What action shall I take?

Methods include: keeping personal journals (see also Marshall, 2001)

Second person inquiry:

Used for inter-subjective issues, enhancing first person enquiry, in situations where content is jointly owned and where learning is needed about process issues

Questions for second-person inquiry are of the kind:

- What is our experience of this subject?
- How can we deepen our appreciation?
- What ideas can we create?
- What can we try out?
- How is the group working?
- How do we experience the power dynamics working between us?
- How are our cultural identities influencing how we are interacting?

Methods include: co-operative inquiry groups engaging in cycles of reflection and action

Question for third-person inquiry:

Used for widening inquiry outwards beyond the interpersonal into systems and communities, and through, for example, lectures, books and articles to wider audiences which may be unknown to the co-researchers but in which further inquiry can be stimulated.

Questions for third-person inquiry are of the kind:

- How can decision-making processes in this system be more transparent?
- How can more voices be heard?
- How can this system learn more effectively

Methods include: Future Search; Organisational Learning Histories; Open Space Technologies.

While many larger scale action research programmes can be used in circumstances where planning and funding are possible, my uses have been at the informal, emergent end of the spectrum because the situations I work in require instant inquiry and action and 'low tech' responses. I have little access to funding except for the fees paid for the work done. My uses of action research will be of most interest to practitioners 'making their path as they walk it' in collaboration with people in traumatised communities. I have used action research both in the work itself and to develop my ideas and models of responding to major incidents affecting communities – usually single incidents, even if they are part of on-going civil unrest as in Northern Ireland, at a time when the subject was in its infancy and little guidance was available. Action research enabled me to develop my living theory of disaster management which guided my practice.

The CCME theory of disaster response

- Every disaster needs its own response
- General principles are guides, not rigid prescriptions
- Recovery begins before and during the rescue
- Engage with the community from the outset
- Recruit and empower 'Community Agents of Recovery'
- Pro-active, preventative education; not 'wait and see'
- Inclusive Community Outreach, Assessment & Solutions
- The process is the method (empower as you assess)
- Multi-dimensional impact; multi-dimensional solutions

I shall use the following case study, to illustrate the action research strategies and methods I used in the immediate aftermath of a traumatic event. At such volatile and chaotic times continual "in-the-moment-of-action" reflection, decision-making and review is vital when it is essential to co-generate questions in order to learn and uncover, and help others discover, the multiple truths of a situation and all the groups involved, even those with little power (Hewitt, 1998). Many of the strategies used will be familiar to practitioners who work in an intuitive and collaborative manner with their community.

Case Study: How I used action research as a means of mobilising traumatised communities after the Omagh Bomb, Northern Ireland, UK in 1998.

I was returning from holiday when I heard on the car radio that a terrorist bomb had exploded in Omagh, Northern Ireland, in spite of the Peace Agreement. Later it emerged that 29 people and unborn twins were killed. The victims came from Omagh, surrounding villages, the Irish Republic and Madrid (teacher and students at a language school with links to a Primary School in the Republic). Nearly 300 people were injured and many witnesses and rescuers were traumatised, affecting whole communities. It was the first time in the history of the Northern Ireland 'Troubles' that an official response to victims was politically possible.

I had previously worked in schools in that area and knew the official who might be in charge of the response. I guessed I could be asked to assist. My immediate reaction was to protest to myself, "no, I don't want to respond to another major incident, I'm on holiday" but I put my first-person inquiry action research into practice. I moved rapidly from looking inward, researching my own reactions, fears and blocks to responding to looking outward to use whatever means I could to establish the facts of what happened and the significance of the event to individuals and the community at this particular time in the peace process. I also drew tentative maps to locate key locations of the event and where the dead and injured lived in order to gain a sense of where exposure to trauma might be more acute. I was ready when the invitation came and knew this would also be the first time I could consciously apply my better understanding of action research to a response. As I went into action, I was guided by the following principles:

The Immediate Omagh Bomb Response, Principles of Response (*these broadly match Action Research principles*)

The approach would be geared to:

- Empowering and self-sustaining
- Affirming of and using local knowledge & resources
- Mobilising individuals, groups and communities in a systemic approach
- Using emergent, real-time iterative cycles of inquiry and action
- Being participatory, co-generating questions and solutions
- Uncovering and engaging many voices and 'agents of recovery'
- Using low cost, 'low tech', practical strategies

My team mainly worked alongside the Director of Community Care responsible for the Health and Social Services response to the impact of the bomb, three Education Departments, two of which included Library and Youth Services, a Church Schools Council, the Churches' Forum and a voluntary Community Group Forum. Our response included working at various levels with 80 schools in the immediate district affected by the bomb, along with several others affected further away. Our aim was to contribute towards what Ajdukovic describes as *Social reconstruction*:

"Social reconstruction is a process within a community that brings the community's damaged functioning to a normal level of interpersonal and group relations and renews the social fabric of the affected community"
(Ajdukovic, 2003)

The personal first-person inquiries, the bedrock from which second and third person inquiry grows, continued throughout my work in the community in the early aftermath and on my return visits over the next three years helping me to clarify my thinking and to improve the quality of my actions. The table 1 is an analysis of the processes I undertook while doing these first-person inquiries.

Table 1. Action Research First Person Inquiry Methods © Elisabeth Capewell, CCME, 2004

| GROUP A To enhance 'presence in an experience | GROUP B To live it & observe an experience | GROUP C To record data while working | GROUP D To make sense of an experience | GROUP D To turn experience into action |
|---|--|--|--|---|
| Mediation practices | Identity checks | 'On the spot' recording of images, words | Therapy methods | Use of Models 'Trauma map', 'BE FIT&Phys' |
| Yoga of participation | Gestalt techniques | Professional notes, Time-lines, Case histories | Cognitive tracking – to detect connections, bias etc. | Creative problem solving |
| Rituals | Metaphor | Audio-visual records | Writing and editing | Mapping |
| Therapy techniques | Personal scanning | Creative methods | | Self-supervision |

From the first column, Group A, I used methods gained from therapeutic disciplines to *enhance my presence* in whatever I was experiencing, ensuring I stayed awake to what was happening within and around me, especially important when surrounded by raw emotions and chaos. Group B methods allowed the *movement out of pure experience* to being an observer of it – having one foot in the abyss and one foot in the safe outside. From this point, the use of images and metaphor as a quick form of record taking while still 'in action' were complemented by more cognitive methods found in Group C, such as note-taking and drawing time lines. In Group D, the first methods were used to begin the sense making process well before any writing and editing and cognitive analysis was possible. I used reflective techniques such as the Learning Pathways Grid (Action Design, 1993) and Ladder of Inference (Argyris et al, 1995) to improve decision making and check bias (see Rudolph 2001 for descriptions of their use). No first-person inquiry is useful without transforming the results into action and I used the methods in Group E to bring rigour into my choices. Some of these methods, such as the Models that guide my practice have themselves been the result of knowledge generation using action research where I have either created my own models with the help of others or adapted existing ones to the specific needs of my work. The trauma process map (Capewell, 2004) helped me and others locating the stage of impact and recovery (not always the same in different people and communities) and encouraged a strategic approach to planning. The multi-dimensional coping model (BE FIT & Phys, Capewell, 2004, based on Lahad, 1993) encouraged the use of varied types of response to suit many needs. All these models can be used at simple levels that can be taught quickly to people mobilised as 'Agents of Recovery' as well as individual victim/survivors and their carers. Creative methods are particularly valuable when cognitive functioning is overwhelmed by strong emotions, fast changing information and events. I used many of the methods now described in Rosenfeld et al

(2005). As well as allowing rich information to emerge, these also have therapeutic value even when used in non-therapeutic settings. Images and metaphor act as buffers between oneself and the full horror of the situation and thus provide safe channels for inquiry into seemingly impossible problems.

While still engaging in first-person inquiry, the roots of second person inquiry were being established for the purposes illustrated in the table 2.

Table 2. Action Research Methods: Second Person Inquiry, © Elisabeth Capewell, CCME, 2004

| GROUP A For personal & professional development | GROUP B For improving specific practice situations | GROUP C For collaborative assessment in specific situations |
|--|---|--|
| Interpersonal conversations | Individual & group supervision | Collaborative assessment frameworks |
| Networks of Inquiry | Training of many kids | Creative therapeutic methods |
| Research groups | Peer supervision and information sharing | Organisational Development methods |
| Professional seminars and conferences | Real-time knowledge generation | Professional seminars and conferences |

The methods in the upper boxes of column A were used from the outset while those in the lower boxes came much later in the response, when local professionals were in a better position to research needs and attend training courses. The conversations in Column A were used extensively, first with key officials and community leaders, to give and receive information, build rapport and confidence in my expertise to gain entry, establish a contract and identify resources available. Most of them told their ‘bomb’ stories and expressed their own reactions and concerns during these conversations. Given that few would ever accept formal help for their own personal needs, this was their one opportunity to defuse emotions before they made decisions affecting others. At this stage I was also modelling the sensitively directive leadership style they might needed to get the response moving quickly at a stage when they and their staff might have been frozen by shock and feelings of helplessness. More open and consultative styles were modelled as soon as possible.

All of the methods found in Column B were used with people as relationships were developed. Professionals such as teachers and youth workers brought issues to us and we could mobilise their creative problem solving. To give some examples, one school was dealing with issues of jealousy about who would be invited to see President Clinton; a youth club leader had to work out how to deal with all the gifts and invitations being sent to the club from other parts of the world; a priest troubled by the distress in his community was taught coping models which we later discovered he had passed on the information to his community in his sermons. As a result of these ‘supervision’ sessions, other inquiry groups were formed to engage in real-time research and many ideas were generated by local professionals. As a result a youth worker created an internet site with and for young people and a senior Librarian gained the information and confidence to begin what became a major community oral history project about the bomb, thus allowing people to recover through gaining mastery over their experience and producing a permanent record of their experience (OMCA, CD-Rom, 2001). Schools were particularly good places for co-operative inquiry groups

which were used at both to deal with staff stress caused by their involvement in the bombing and to undertake collaborative assessments (Tortorici Luna, 2002) for working out circles of vulnerability and resilience in pupils. Once needs were better understood, they used them for developing creative methods for use with children in normal class time. Using collaborative methods in the classroom, one badly affected school produced a book of poems (Scoil Iosagain, 2000). As Anica Mikuš Kos reported in her presentation on her work following the Beslan school massacre, teachers and students only needed a small amount of facilitation to release their own creativity and have confidence to adapt their existing skills to trauma recovery work.

Purposeful conversations were used with a wide range of professional teams and voluntary community and religious groups to identify and mobilise a network of 'Community Agents of Recovery' which could also form Networks of Inquiry. This work was important as it also identified key agencies, including an education psychology service with the capacity to reach children and families, whose senior managers had seen no reason why they should respond. After some delicate mediation some resistance was defused and some of their staff became involved in creative work in schools. Strategically located 'Community Agents of Recovery' could also be proactive in countering the rapidly spreading negative ripples of the impact, by challenging rumours, 'hierarchies of suffering' and emotions such as survivor guilt that were preventing people getting help. Their role was essentially preventative, offering informed collaborative support to move people from emotional reactivity to active journeys of recovery, alone or with others as they chose.

In some cases, these second person inquiries had to be undertaken without the preparation we had requested. Again, the action research approach meant we encountered every group sent to us with an open mind and this led to some of the most fruitful work. One example was a group was made up of staff from very different sections of the Education and Libraries Department who also had very different experiences of the bombing. In fact, they provided a hologram of the traumatised community, representing the bereaved, injured witnesses and rescuers and those dealing with the guilt of being away from home at the time and being unable to help. Every person found a reason why they felt they should not be there, either because they were badly affected or were not involved at all. What transpired was a moving session which demonstrated that community recovery first needed everyone to listen to each other's needs and work out how people with such different experiences could connect rather than distance themselves – an important lesson in managing differences which so commonly result in fragmented communities (Gordon, 1989). If I had been intent on applying a prescribed method rigorously then this session, and all the useful information it revealed about traumatised team and community dynamics would never have happened. Other kinds of research would have required me to gather the information but not act to resolve the issues. As John McLeod (1994) stated, "*Useful knowledge is not generated by the mechanical application of method. Rather method is used to assist the basic human need to know and learn*" And, I would add 'create'.

Action research aims to value the expertise of many people, including those who were not part of organised or professional groups who were being used by traumatised people and relatives for support. As well as friends and relatives we came across, others such as press and TV reporters, shop, bar and café staff were taking on the role of ad hoc 'counsellors'. Their important role was validated and where it was wanted, we modelled examples of active responses, gave information and tips for dealing with distressing images that they were bothered by and encouraged them to pass on what

they had just learned to others. One such conversation in a shop led to a programme for reaching young people who had just left school and were about to leave the support and understanding of their home town to start University or college (Capewell, 1998).

This engagement with many people and groups made it possible for the official response to the human impact of the bombing to be mobilised in its early stages by a fairly small group of key officials and community leaders, still having to conduct their usual business. Our small team of three acted as guides and facilitators. They were encouraged to employ an action research approach to engender cycles of action, reflection and learning so that they could learn ‘on the job’ and all were given an opportunity to join a support group.

From the start of the work, I had to switch my attention between my own first person inquiry to the interpersonal interactions of second person inquiry and to the wider context of background social, political and resource issues in the wider contexts of organisations and society. As the work progressed the wider issues needed more attention as more blocks were placed in the way of people and groups trying to get help immediately and in the long-term as needs changed. Much of the work thrown up by this process was not about ‘cure’ of trauma symptoms in individuals, although a lot of ad hoc work with therapeutic results was done with individuals. It was principally a process of enhancing the community as an environment for healing for everyone, whatever their level of trauma. So often factors in the community, whether at home, school or in wider society, make the primary stress of traumatic events so much harder to bear or create secondary stresses and make recovery a long and arduous process. So began our third-person inquiry as outlined in the table below. In this post-disaster phase the opportunities for using high tech methods were limited so I used a mindful, opportunistic approach to engage with wider systems.

Table 3. Action Research Methods: Third Person Inquiry, © Elisabeth Capewell, CCME, 2004

| GROUP A High Tech Methods | GROUP B Low Tech Methods |
|---|---|
| Large Group Open Space Technology and Search Conferences | Political and professional lobbying |
| Real-Time Strategic Change; whole systems approaches | Media-interviews, documentaries |
| Learning History | Writing – professional and popular articles, books, Internet networks |
| Participatory Action Research (PAR) – community epidemiology; Appreciative Inquiry, Dialogue Conferencing | Consultancy, lectures, seminars and training |

Developmental Action Inquiry (Torbert, 2001) intertwines 1st, 2nd & 3rd person inquiry modes

This involved using and creating opportunities to dialogue with systems at regional and national level to set up their own inquiries into the benefits of allowing and resourcing recovery programmes which were needed and wanted in schools. One example, reported in detail elsewhere (Capewell, 2001, 2005) illustrates this type of inquiry. Through our earlier actions, a very distressed woman made contact with us. She was the Principal of a severely affected primary school, with many children and

staff suffering multiple bereavements and trauma. Her appeals for help were made worse by the 'management by denial' (Walsh, 1989) of senior officials and she had not received the information and invitations prepared for schools because the school was in an adjacent district. Hewitt wrote of oral historians finding that such 'hidden voices', especially of a woman,

"given the chance to speak for herself, reveal hidden realities... new perspectives emerge that challenge the truth of official accounts and... existing theories"
(Hewitt, 1995)

This was such an example that enabled us, through engaging with resistance and denial, to reach into wider local and national systems. This teacher was so angry and in need of support for the whole school community that we devised ways to help her stabilise until she was sufficiently fit to present her case to the three agencies governing the school. Many blocks had to be negotiated to gain funding for the initial collaborative work with the staff team and, after many more months, to secure a longer term programme. Unbelievably, given the desperate needs of the school, the process was made more difficult by the need to untangle the 'political' games of a few officials. The distressing nature of the process required intense personal inquiry into my own reactions so that I could maintain my equilibrium. We succeeded not only in gaining the funding but also in securing a commitment by the Education bodies for a review exercise which was an embryonic form of the 'Learning History' method (Column A) and crossed boundaries from personal, to interpersonal to systemic work and learning.

Following this and longer term work in another directly affected school, a further third person inquiry project arose when the Irish National and the Ulster Teachers Unions invited me to facilitate the development of guidelines and a booklet (INTO, 2000) which would be sent to every Primary school in the Republic of Ireland and every school in Northern Ireland, thus setting off many future inquiries in many unknown places. This work also provided an opportunity to process the work of the previous years with others and then add to the third-person inquiry by talking about the issues at conferences and in articles. In this way, questions and inquiry about mobilising traumatised communities towards recovery were taken into wider circles of debate.

This is the briefest of accounts of our part of the response to the communities affected by the bomb - the strategies we used, what was achieved in the first month of the immediate aftermath and the 3 years afterwards, and of the influence of our action research approach. We sought to stabilise and mobilise individual and community resources so that trauma could be contained and supported within communities which aided rather than hindered recovery by creating secondary stress. For some this early work was enough to help them on their way, for others it provided useful stepping stones of information and confidence so they would accept other levels of help and specialist treatment. A report published two years after the bombing by the Health Trust gave formal recognition to the value of this type of work:

"Immediate focus should be on community education, providing reassurance, normalising acute stress reactions, highlighting the particular needs of children... Schools and other groups and organisations will benefit from reassurance and briefings, and from reassurance about the contribution they can play in the recovery of the community. Empowering and legitimising the work of such institutions is an important contribution, providing guidance, reassurance and ideas will help them play a key part in the overall recovery and stability plan." (Bolton et al, 2000)

I would invite anyone who would like to know more about the response to e-mail me at ccme.org@which.net for information. If you are inspired to find out more about action research then I suggest the web-sites mentioned below as a good starting point as well as the Handbook of Action Research and other books in the reading list below. Equally, as action research is a developing subject, I should be delighted to hear from anyone who uses it already or starts to do so.

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Action Research Websites:

www.bath.ac.uk/carpp/ Centre for Action Research in Professional Practice, School of Management, University of Bath, England with link to papers by Peter Reason and other leaders in the development of AR and its many approaches:
www.bath.ac.uk/management/faculty/peter_reason.html

www2.bc.edu/~torbert/ - work and papers of William Torbert, Boston, US
www.uwe.ac.uk/solar - Social and Organisational Learning as Action Research centre, University of West of England, Bristol. Using AR to work across whole communities and organisational systems.

www.infed.org/thinkers/et-lewin.htm About Kurt Lewin and the early development of Action Research

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Illustrating efforts of the NGO scene and local professionals to improve the situation of children in post-war societies

Zdenka PANTIĆ

Abstract: The article provides an overview of certain aspects of mental health in the war-affected population in Croatia and the region. The altered society, destroyed communities, overwhelmed and traumatized parents cannot provide an adequate protective shield for the normal development of children. The article illustrates the needs of children in war-affected areas, as well as possible ways of empowerment of children and their immediate surroundings: parents, school and the local community. Emphasis is put on close collaboration between the civil scene and mobilization of local resources. Establishment of mutual trust and connection, between the civil scene and governmental institutions is of crucial importance, both on a local and national level. In order to assure normal development and respect for children's human rights, it is necessary to combine top-down and bottom-up approaches in the areas of special state concern in Croatia. The discrepancy between proclaimed values of the society and the neglect of children is also emphasized. Conclusion: On those with the greatest power, both socially and politically, lies the greatest responsibility after an armed conflict, both on a national and international level. An honest attempt to rebuild life is called for. This takes far more than merely rebuilding infrastructure.

Introduction

War(s) in Ex- Yugoslavia have been fought from 1991 – 1995 (Croatia, Bosnia and Herzegovina) and in 1999 (Kosovo) as armed conflicts between different ethnic groups. The consequences are diverse, but the most important ones are those related to social fabric and mental health. The results of those conflicts are mass exoduses of citizens, refugees, losses and trauma, devastated areas and ruined infrastructure. Great number of children and youngsters had multiple traumatic experiences, losses, wounds and multiple migration experiences. Many of them have by now, themselves, become parents.

Conflicts in Croatia and Bosnia and Herzegovina have stopped in 1995, due to the efforts of the International Community. Generally, the Peace Agreement's Implementation involves various tasks such as demobilization, disarmament, human rights, refugee repatriation and reconciliation. The most important was to stop conflicts in Croatia and B&H, but a number of problems have been left unsolved: repatriation, the rebuilding of infrastructure in war torn areas, the return of displaced persons/refugees and ensuring their safety, the implementation of human rights, the return of occupied belongings, the normalization of life and reconciliation, economic growth. These problems are permanent challenges.

Weakened post-war societies have found themselves in a political and economical transition, not being able or not being ready to normalize life. The international community invested a lot, but in these conditions the rebuilding of lives takes far more than simply rebuilding the infrastructure. The real question is whether the challenge of rebuilding the war-torn society, a politically very sensitive issue, should not be included in the Peace Agreement, too?

Mental Health in the Post-War Society

In the recent study Croatian Health Survey carried out by the School of Public Health "Andrija Stampar" and National Institute for Health, the sample representative for Croatia consisted of 9070 participants. They reported about illnesses, health related behaviour patterns, health related quality of life, use of health care services and subjective quality of life. Unfortunately war affected areas were not analyzed separately.

The study Health Care and Community-Based Interventions for War-Traumatized People in Croatia (Frančišković, T., 2008): Community-based Study of Service Use and Mental Health (out of 719 included in the sample) came to the conclusion that 56.2 per cent of all participants did not show any clinically relevant symptoms of mental disorders while 19.3 per cent met diagnostic criteria for one disorder, and 24.5 per cent suffered from two or more comorbid disorders. According to this study, the prevalence of current PTSD was at 18 per cent. PTSD, mostly comorbid with depressive disorder was at 62.8 per cent, panic disorder at 26 per cent, and social phobia at 14.5 per cent, while 25.8 per cent of participants showed symptoms of other mental disorders.

The authors concluded that the organizers of help services should take into consideration the existing infrastructure and local specifics as well as respect the needs of people in war-affected areas. The findings further showed that the existing services were insufficiently focused on the part of the population that had developed mental disorders.

The study Treatment Seeking and Treatment Outcomes in People Suffering from Posttraumatic Stress Following War and Migration in the Balkan (STOP study, financed by the EC from 2002-2006) illustrates the mental health situation in the Balkan region more than 10 years after the war:

By comparing psychopathological problems between traumatized persons (war veterans, refugees, internally displaced persons) and control samples (measured by the BSI scale), the study showed that traumatized persons still show a significantly higher intensity of symptoms on all general dimensions of psychopathology (depression, anxiety, interpersonal sensitivity, hostility, etc.) a long time after their experienced trauma compared to the control sample (with the exception of psychoticism where no difference was found).

The study also found that the current circumstances people live in strongly affect their mental health. A long time after the inflicted trauma among war veterans, refugees and migrants, the current quality of life (measured by the use of the MANSA Questionnaire and viewed as a multi-dimensional concept that includes dimensions referring to more than just the improvement or deterioration of clinical symptoms) is a better predictor of mental health than former war trauma (Ljubotina, D., 2007a). Comparing treatment outcomes of psychotherapy and for war veterans suffering from PTSD and self-perceived social acknowledgment (Ljubotina, D., 2007b), it was found

that PTSD symptoms among war veterans remained intense and that a year of psychotherapy did not produce significant improvements, except on intrusion. Veterans were highly sensitive to the way their primary social environment and the society as a whole

„Strategic Plan for Health 2004“ of the Sisacko Moslavacka county (war-affected area in Croatia), showed a high incidence of alcoholism, PTSD and other mental health problems and even carcinoma as a result of the suffered prolonged stress. Poverty, poor nutrition standards, unemployment and physical illnesses strongly contribute to mental health problems. Long periods of waiting for solutions among affected populations aggravated their general state of health and mental health condition in particular.

These findings are in accordance with lessons IRCT Zagreb learned through field work in the same county. The needs for mental health services in these areas are great, but the services are far away, their capacities are overwhelmed with the demand; the local residents are poor and can't afford to travel to distant centres when necessary in order to get specialised medical help. Additionally, during and after the war, the former good practice of the centres for mental health in Croatia has been abandoned (and therefore a need to educate family doctors to recognize mental health problems and address them at the level of primary health care has to be priority).

Obviously, there is a lack of research about the quality of life and mental health of the affected population as well as a lack of mental health preventive programmes in areas of special state concern in Croatia. There is also a lack of recent research about children, their development and mental health in general, especially in war affected areas (In opposite to that, there is a number of very good research data from the war time).

Civil Society and Care for Children in Croatia

During the socialist Yugoslavia, the state used to cover all the needs of its inhabitants. Still, in the middle of the past century, the organization called Our Children started operating. The goal of the organization was to develop activities for children in their spare time, improve health care, and help children in their development, especially for children from poor family backgrounds. The organization had a strong network in the whole country.

After 1991, in the newly established state of Croatia, new organizations of civil society have developed, whose task has been to contribute to children's welfare. During the war, a number of international organizations came to Croatia and started their field work with only one goal: to help children. But after the war the majority of them retreated. The civil society has continued to develop after the war and has gained significance.

The main principles of actions from the NGOs for children are:

- To assist children and caregivers
- To give children a voice
- To promote and advocate children's rights
- To lobby for changes in the legislature
- To inform, sensitize and raise public awareness

Today civil organizations more and more provide services for children (and their families), they advocate for children and a strong activism is noted. Some of these organizations are in the process of developing scientific approaches well. A regionally important good practice example of influence and good cooperation between NGO and the government is the NGO „Brave telephone“ (SOS telephone for children). From the civil society initiative to protect children from violence, the Polyclinic for child protection in Zagreb was established and is unique in this part of Europe.

Civil society also initiated changes in the legislature. The Ombudsman for children-2003 as well as new programmes for the prevention of domestic violence and school bullying were developed, connecting social welfare of children with health, school, justice and the police).

A good example of the collaboration of public authorities, institutions and civil society organizations is the National Plan for Children's Rights and Interests 2006-2012 (Government of the Republic of Croatia): The areas of action are: nutrition, social issues, the role of the family in the children's upbringing, protection from violence, programmes for children with special needs, children of national minorities, war-affected children, free time, media treatment of children.

Children in the Post-War Society in Croatia

Children growing up in a traumatic context face the same developmental tasks as all other children. But they also have additional problems to cope with: Their developmental tasks are threatened; the protective role of the family is disturbed (not being able to respond adequately to the children's needs, the entire system of emotional and social support is often inadequate).

The nurturing and caring quality of the culture is also threatened (Pantić, Z., in Arcel, L.T., 1998). Additionally, insufficient services can cause additional problems such as not being able to protect the children (Van der Kolk, 1996).

In what kind of context do Croatian children in post-war communities continue to develop? Every new phase after the traumatic experience presents new demands and tasks which families need to take on. In the case of the return to a former place of living this new beginning is very demanding on the whole family. On a sample taken of refugees from B&H who lived in Croatia, it is visible (measured with the Decision Factors Questionnaire) that the most important factors for parents were: accommodation (a place to live), safety, education and future for their children, human rights (Pantić, Z., Kraljević, R., 2001). Return can represent a new start, but is also be a source of new problems and re-traumatisation.

Communities also face a number of practical and political problems, which can not be easily solved after an armed conflict: Social reconstruction is expected to occur in communities overwhelmed with past traumatic experiences, there is a lack of developing strategies or political will to enhance this complex process.

Key words illustrating the emotional atmosphere in a post-war community in which children from different ethnic backgrounds, formerly in conflict, grow up:

- Guilt
- Fear
- Hatred

- Wish to retaliate
- Shame
- Secrets
- Grieving
- Conspiracy of silence
- Trans generational transmission of trauma
- Different narratives about the recent past
- War crime trials (ICTY, local courts): justice and fairness
- Hope
- Values
- Truth
- Wish to lead a normal life

Unfortunately, in war-affected areas, even 14-18 years after the conflict, the pictures of health and illness still remind us of the trauma that occurred there.

Some results from the IRCT Zagreb activities in the war affected area illustrate the disturbing picture:

A: Assessment of the most important problems among student returnees and their families

(Area of special state care: Dvor primary school, 2004; N=270 teachers assessed problems)

- Poverty: 40 per cent of parents receive welfare of other forms of state financial support.
- High unemployment rate (the majority of parents are jobless!)
- Only one third of all children receive warm meals at school.
- Devastated infrastructure (not all villages have electricity restored yet)
- Poor health care (lack of mental care and social services; lack of specialized medical care; malnutrition)
- Family problems (family structure changed - separated parents and siblings, single parent families, rejoined families; alcohol abuse, relationships disturbed, family violence.)
- Neglected and abused children (lack of parenting skills and inadequate parenting methods; pressure on children concerning their school achievement - lack of knowledge how to motivate and assist children)
- Aggressive children
- Ethnic mobbing

B: Assessment of difficulties children face in school

Table 1: Primary school teachers in Dvor have assessed 210 pupils and have encountered these difficulties (ranked);

| | Problem | No. | % |
|----|---|------------|------------|
| 1. | Difficulties in mastering school lessons/ subject matters | 60 | 29 |
| 2. | Lack of parental interest in their child’s problems | 15 | 7 |
| 3. | Concentration/attention problems | 42 | 20 |
| 4. | Social withdrawal | 15 | 7 |
| 5. | Communication difficulties with peers | 20 | 9 |
| 6. | Socially rejected from peers | 19 | 9 |
| 7. | There is alcoholism in the family | 7* | 3 |
| 8. | Psychosomatic complaints | 16 | 8 |
| 9. | Sleeping problems/disorder | 16 | 8 |
| | TOTAL | 210 | 100 |

* Data collected from parents e.g. parent confided to the teacher; real number is bigger

To assist children in difficult circumstances means to empower their social surroundings:

Two following examples illustrate efforts IRCT Zagreb undertook in order to contribute to the children’s welfare in war-affected area.

Project example 1

Title:

„Empowerment of the war-affected community through a better integration of children in the school system (lectures and counselling)“ and „Society in transition: Empowering war affected communities“ (Ministry of Health and social care 2005; Royal Embassy of the Netherlands; 2005)

Goal:

Contribution to normalization (establishing communication, trust, creating a safe place for exchange and disappearance of walls of silence in the community, creating a feeling of togetherness in ethnically divided communities).

Aim:

Contribution to the normal development and mental health prevention of children, their families and teachers.

Activities:

Psychosocial education for parents and teachers on various issues dealing with children’s development.
Individual counselling (for parents) and supervision (for teachers).

Message:

Education and raising of children is a mutual task for parents and teachers (and community as well).

Our experiences in working in different post-war communities are quite diverse, even within one and the same county. Why was a good programme, which addressed the needs in the field, accepted in Dvor, but was not accepted in one another place? We have learned that it is important not only to assess the needs of the target population (children, parents and teachers), but also to be sensitive with local authorities, professionals, partners - as well as the social context in a particular community. For example: In one elementary school, after a very good start and response from parents and teachers, some issues occurred on a daily basis, about which teacher and parents wanted to talk (e.g. trauma, loss, refugees, acceptance of returnees of other nationality etc.). Suddenly, the school board didn't show any more interest to give us space to carry on the project. During our conversation with the principal about alleged difficulties (teachers didn't have enough time to join the project activities, there was a lack of school rooms for the project, etc.), we asked him quite spontaneously: „How do you personally feel about accepting the children of returnees in your community, since it has been known that this area was suppressed by devastation and suffering?“ The principal had to think for a while and then replied: „You know, we are a school and as such, are open to everybody. But I can't forget the sufferings of my family and sometimes I wonder, whether the relatives of these children were the ones who shot my relatives!?“

What did we learn from this example? We obviously underestimated the problem of reconciliation. Communities differ in that respect, as well as individuals. The problem in the particular school, as well as the way to proceed with the project, became obvious after addressing the personal story of the principal...

In the complex circumstances in divided communities after the conflict it is necessary to be very sensitive and to try to develop a contextual approach to trauma and reconciliation in parallel with other actions in the community.

*Project example 2***Title:**

“Identification and support for children from disadvantaged/single parent families in Dvor, divided due to the war experience 1991-95” (Royal Embassy of the Netherlands, 2007; Ministry of family, veterans, and intergenerational solidarity, 2007)

Problems addressed:

Identification, providing a counselling office – local self-government

Activities:

- Home visits, psychological assessment of children, counselling parents, communication with the school and the social welfare office – psychologist (local unemployed person, hired by IRCT Zagreb)
- Group work with children; parents – school pedagogue
- Public lessons for parents and teachers (local NGO and IRCT Zagreb)

- Providing meals for poor children (IRCT Zagreb with primary school)

Results:

50 children from 35 disadvantaged/single parent families benefited from the services.

- As a rule we found poor school performance in this sample and specific services were provided (counselling, extra classes, tutoring...)
- Psychological assessment and findings: Lower intellectual functioning than expected; high depressive tendencies (23 out of 46 children showed high depressive tendencies; a boy committed suicide in the 6th grade), high incidence of neglected and abused children (parents overwhelmed, traumatized, unemployed, often passive)

Lessons learned:

- Insufficient, isolated and weak institutions in the community/county do not sufficiently protect under aged children. This constitutes a violation of children's rights.
- Incidence of poverty, malnutrition, problems in the family, carcinoma, alcoholism, depression are higher than in non affected areas.
- We found that strong protective factor for mental health of children is the local primary school in Dvor!
- After the project: Parental sense of being empowered; observed positive attitude regarding psychological counselling and trust in general; sense of preserving the mental health of children.

Local partners:

We found the local self government (Dvor municipality – Department for Social Protection), the elementary school pedagogue/principal, the local (unemployed) psychologist, the local family doctor, to be competent professionals, as well as resourceful persons with intrinsic motivation, dedicated to the improvement of children's welfare in their community. With modest support from the IRCT Zagreb they got a sense of being recognized and supported in the direction they feel worth going.

In such isolated regions they also got a sense of being connected to the society as a whole (easier reach of services in the capital Zagreb, personal contact with prominent professionals in the mental health field through seminars and study visits). It was obvious that our partners share the collective experience, but their resiliency and coping strategies and may serve as a model and inspiration for others how to create hope and enhance recovery in community and normal development for children. As local official said: "In 1995 (after the Croatian military action) we had to start afresh in this empty town and organize life from the very beginning".

Along with carried out projects, some actions in the chosen community were initiated as a contribution to recovery and social reconstruction:

- Networking: between governmental institutions who care for children, as well as with non-governmental organizations (regular meetings, seminars).

- Preventive actions such as prevention of drug abuse among youths (Locally as well as on a County level; seminars, multi-sector networking). These kinds of activities strongly contribute to regaining trust and the feeling of connectedness which had been destroyed by the war.
- Local civil scene empowerment (education, common actions)
- Support to local professionals: to exchange experience and knowledge, to learn, to regain trust (a conference on children and school in the post-war society; a two day seminar about mental health and family with school children)

Conclusion

Through the described projects and activities in the areas of special state concern, we have determined:

- Long term effects of traumatising, losses, waiting for solutions (fulfilling basic rights and needs) and a lack of perspective are detrimental for the health of those affected.
- Changed communities, insufficient, distant, ill equipped services can not sufficiently protect children
- Parents overwhelmed by everyday difficulties have problems performing their parental tasks
- Neglect of vulnerable groups (children) and human rights violation (especially returnees)
- Discrepancies between national plans for the protection of children and the actual care for children in the field
- Good, sensitive programmes aiming to strengthen the mental health and psychosocial functioning of the children are necessary: It is possible to support and enhance local communities in their recovery relying on their competencies and resiliency.

But, is it enough? The question is: Is the area of special state care and protection of children really a priority? What can be done in order to better protect children?

It is a responsibility, a vision and an honest attempt of the whole society (government, political parties, professionals, civil society: top-down and bottom-up approach) to improve the living conditions in these areas. Civil society can bridge the gap between those in need and society (to point out to the problems, to offer flexible solutions respecting local situation and resources).

The proclaimed values from the top have to be applied in daily practice.

When we think of post-war and post-conflict societies, those who have the power to create tensions (locally and internationally), also have the responsibility for the consequences of their actions: the consequences are long lasting and the implementation of the peace agreement as well as the return to civil life is a new and painful beginning.

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The role of school as a resource and protective factor for children's mental health and psychosocial development

Emir KULJUH

Abstract: This paper tackles the negative impacts of war turbulences on individuals, families and groups. Given the lack of stabilizing factors in families, the author examines positive and protective factors supporting child development in post-war situations. He concludes that after periods of turmoil school as supportive system starts functioning even before family systems and therefore school can serve as a protective factor for children. The author also discusses the role of school as a resource and protective factor for children's mental health and psychosocial development.

Every individual's psychosocial development depends on inner (genetic) and external (environmental) factors that have an impact on the personality development from birth onwards. We have little influence on the first group of these factors – we can recognise this as a fact and learn to deal with it. But we do have a more or less active influence on the second group – we are able to recognise it and actively influence our environment.

Also among children the relationship between genetic, biological and environmental factors is an ongoing process. All this has an impact on its psychosocial development, physical and mental health and behaviour. A child is from birth onwards in constant interaction with its near surroundings and close and most important people and concepts (family, nursery, school, neighbours, flora and fauna) and by the various experiences the child makes its personality is shaped.

In the last decade strong turbulent processes have happened and still happen in Kosovo which were not predictable. These external changes have had an impact on individuals as well as families, groups and the whole society. These processes have an influence on every person, on his/her psychosocial development, education and work, interaction, relationship to other people and attitude towards various situations and institutions. Some of these negative factors are:

- Loss of the region's status as an autonomous constituent republic;
- Loss of the university;
- Brutal defeat of demonstrations and protests;
- Development of a parallel structure (society, school system);
- Increase in unemployment;
- Expulsions and intimidations;
- Violence and war;
- Poverty;
- General insecurity and uncertainty;
- and many more.

All these factors – each for itself and in their entirety – have a very negative impact on every individual, on families, social groups and the whole society.

Especially children without their own will are exposed to the following events such as:

- External chaos;
- Constant disturbances;
- Collapse of the education and health care system;
- Directly or indirectly experienced traumatic experiences;
- Loss of close attachment figures;
- Restricted freedom of movement;
- Loss of trust in others and institutions;
- Impaired family structures- broken homes;
- Hunger, thirst, poverty, homelessness;
- Witness of murder and expulsions of huge groups of people (ethnic cleansing);
- Escape and life as a refugee;
- and many more.

On the personality's inner level these or similar experiences are accompanied by the following strong sentiments:

- Feeling of overwhelming fear;
- Helplessness;
- Shame and humiliation;
- Loss of trust in the closest attachment figures, the immediate environment and the whole world in general;
- Physical and emotional losses and grief;
- and many more.

All this leads to inner chaos without a possibility to find a strategy for the mental health's protection and therefore has a negative influence on the psychosocial development especially amongst children.

Certainly it can be said that many children were robbed of their childhood.

For a good mental health and a normal psychosocial development, children need a stable and secure family to cover their basic needs of both physical and emotional security, warmth and closeness, good contacts within and outside the family (especially to peers too), education, healthy diet, adequate clothing, provision of housing to name just the basic factors.

In the current situation in Kosovo families can not function properly due to the above mentioned lack of stabilising factors. This refers to the war as well as to the post-war period because everyone still lives in uncertainty and without physical and material security, constantly bothered by the question where and how it is possible to go on.

The question arises which positive and protective factors there are for children in such situations?

- Immediate and extended family;
- Neighbours and friends;
- Nursery, school, vocational training;
- The health care system;
- Other individuals and peer groups;
- and many more.

As previously mentioned, in war and in the post-war period most systems were blocked, families didn't function any longer, neighbourhood assistance was impossible because people were concerned with their own problems, moral concepts in terms of ethics and morality decreased and there was a fight for individual and collective everyday survival. Therefore the children's needs could neither be recognised nor were they answered adequately. It is therefore of great importance in such situations and in the period of reconstruction to support systems which serve as protective factors for children.

School as a system seems to start functioning even before family systems do and therefore school can serve as a protective factor for children. School has an influence on:

- The educational process;
- The upbringing;
- The protection of mental health and psychosocial development;
- The integration of children with special needs;
- The taking over of the family's role;
- The social work activities in a broader sense;
- The intermediation of physical, material, social and emotional security.

School has a great meaning for children because it takes over responsibility, it offers stability and orientation and it helps to develop future perspectives. School is a mirror of society and much more. Due to our own traditions school is an educational system which plays a large role in our upbringing. Usually children spend almost every day a period of four to eight hours at school, i.e. they spend more time there than with the family. It is the first workplace in a young person's life. At school there is room for:

- Learning and education;
- Encounters with others which encourage the development of social competence skills;
- Intermediation of self-esteem and respect towards one another;
- Development of identity;
- Coping with stress;
- Coming to terms with grief and loss;
- Development of a stable personality.

Teachers transfer knowledge, they serve as role models, confidants, compensation for parents, educators, they care for the children's health, have active contact with parents and have an impact on them. Teachers are often also social workers, psychologists and health advisers.

Teachers are of great importance in rural areas.

Therefore school has also achieved a unique importance for the promotion of children's health in the after-war period. The school system compensates family deficits and helps to avoid social exclusion; it conveys a sense of solidarity, enables rehabilitation for children with disabilities or traumata, connects parents – school – society and enhances the entire resources with the overall aim of supporting children.

In one of my many conversations with teachers one of them told me:

*“Up to now we have done a lot of rebuilding; we have renovated the schools; they look good and it's nice to see the children go back to school and learn.
But also help us because we haven't yet succeeded in “repairing” our souls.”*

Capacity building in specialised health care as support to sustainable ongoing primary and mental health care protective processes in the society

Åke BJÖRN and Ruhije HODZA-BEGANOVIC

Abstract: Mental health care has increased its importance internationally as a priority sector in traumatised populations after a disaster or an armed conflict during the last decades. Kosovo lost its traditional medical referral systems following the regional conflicts after 1990 and the crisis in 1999, leaving the population with a lack of basic health care services. This led to putting mental health aspects in a lower priority for families with members suffering from life threatening conditions where treatment was not available in the country. This paper describes an eight years long medical programme with the aim of supporting capacity building parallel to meeting emergency needs. One important and hopefully sustainable result of the project was the establishment of professional friendships and professional international networks leading to possibilities for continuous contacts. Ethical dilemmas and priority aspects within a limited budget are discussed in the article.

Background

Kosovo lost its traditional medical referral system following the crisis in 1999, leaving the population with a lack of basic medical services such as advanced oncology, reconstructive surgery, paediatric surgery, vascular surgery, invasive cardiovascular diagnostics and surgery, etc. Foreign referrals are associated with high costs which drain resources from the health budget that could be used for other prioritised areas, like the improvement of primary and preventive health care. To leave patients without curative treatment is also associated with high costs, extended hospitalisation care without available long-term cure, frustration among health workers and family members knowing that the condition is curable but treatment not available in the country, and other huge ethical dilemmas which create a lack of trust among the population for the local authorities.

Over the last decades mental health care has increased its importance as a priority sector in traumatised populations after a disaster or an armed conflict. However, for a family with an individual family member suffering from a life-threatening but curable medical condition, where treatment is not available in the home country, the mental health aspects are regarded of lower priority. The energy and family resources are focused on finding solutions for treatment and cure of this individual, regardless of the age of the family member, and regardless of the life-threatening condition being a result of a trauma, a conflict in the society, a disease, or for example a congenital malformation. A situation like this might become a reason for leaving the country and

seeking asylum in a country where treatment is available. Before such prioritised medical situations are solved the family might not be prepared to accept, or be psychologically willing to accept offers of mental health services.

Swedish Medical Program

Since 2000 the University Clinical Centre in Pristina together with the International Organisation for Migration (IOM), the Swedish Migration Board, and the Linköping University Hospital, has cooperated in a medical program with a two-fold aim.

1. To build capacities of Kosovo medical staff and institutions through repeated visits of Swedish medical teams, SMT, thereby increasing local capacity for specialised treatment and decreasing the need for foreign medical referrals.
2. To provide medical evacuations to Sweden or to BiH for patients for whom treatment has not yet been available in Kosovo.

The overall aim of Swedish medical teams (SMT) has been education and capacity building in order to diminish the need for foreign referrals. This goal is achieved by increasing the domestic and interregional capacity through training, in combination with donations of equipment. This has been carried out through “on-the-job-trainings” in Kosovo, complemented by workshops and lectures and through further training for doctors and nurses escorting evacuated patients to Sweden.

During the eight years of cooperation with Kosovo and until March 2008, 43 Swedish doctors and nurses examined 1,136 patients and did surgery on 215 patients locally in close cooperation with Kosovar doctors and institutions during 165 repeated short-term visits to Kosovo. 86 patients were successfully evacuated for treatment together with 40 escorting doctors and health workers from Kosovo who stayed in Sweden for the three to four weeks periods of training.

The Swedish government has allocated means on a yearly basis. Hence there have been no possibilities for long-term strategic plans. The strategy has so far been to increase local capacity by one small step at a time, being careful with unrealistic and uncertain promises of a continuation the following year. At the same time the gate has been kept open for an immediate continuation to the next step of capacity building if a decision of financing for the next year should be taken.

Priorities

Support for the reestablishment of regional professional networks is of high priority. A well functioning referral system within the former Yugoslavia was disrupted during the last years of conflicts. Establishment of a variety of highly specialised institutions is not realistic in each independent country in the region due to high costs and a population not big enough to maintain a high qualitative level of treatment. Regional solutions are desirable for a number of regional problems, instead of trying to find solutions in each country.

With the limited budget at disposal there is a need for careful prioritisations regarding which specialities to support with medical teams and which patients to evacuate for treatment abroad.

Individual needs

Patients included to be considered for evacuation are those with a curable life-threatening condition, or a curable condition where lack of treatment would cause a life long severe handicap. Lack of locally available treatment possibilities are mandatory inclusion criteria in the program. In making further prioritisation of the medical needs of an individual one must of course consider the present situation. Equally important is to consider the expected future prognosis with and without treatment.

Societal needs

Communication handicaps, like blindness, deafness, and inability to speak, are seldom life-threatening. Sometimes they are less prioritised in comparison to more life threatening conditions. A young person who falls blind in a curable condition will not die from a default treatment. Lack of curable treatment is, however, associated with long term costs for the society in social and medical care, apart from the individual tragedy. This young person will also have fewer possibilities to participate in the reconstruction of the society than if he/she had had no handicap. A child with a curable heart malformation will sooner or later die without treatment. After death there are no costs for the society. However, a civilised society cannot allow their children to die from curable conditions. Besides, death might not occur until one or several decades after the diagnose. In the meantime hospital costs and personal tragedies might be tremendous for the society, the family and the individual.

It is not the aim of this paper to suggest how to make societal priorities, only to emphasize that in order to obtain long-term sustainable effects of a medical project or a medical program it is worthwhile and sometimes necessary to consider also societal aspects when dealing with medical priorities between individual patients and between various educational efforts in relation to limited financial resources.

Educational and training needs

When deciding to evacuate a patient to Sweden for treatment we invited local doctors and/or nurses to escort the patient to Sweden and to stay for some weeks in order to follow the investigation and professional discussions, the treatment process, and the rehabilitation. The aim was to, through education, shorten the transitional period until similar medical conditions can be treated locally. In prioritising among individuals with similar medical needs for evacuation educational possibilities are one aspect to consider. Will treatment of one patient have the effect that future patients with similar medical conditions can be treated locally?

Financial aspects

Limited budget possibilities within a program lead to difficult and ethically complicated decisions whether to accept or to reject a presented case for evacuation, even for a patient with a life-threatening but curable condition when all other aspects

put this patient on the top of the priority list. If there are 10,000 Euro available we have to reject all patients with calculated costs above that sum. In another situation we might, however, have to decide for example whether to save the life of one patient at the cost of 60,000 Euro, or to opt for the treatment and cure of three to five other patients for the same cost.

Another financial aspect to consider when deciding areas of capacity building within a programme like ours is to analyse the costs for the local health insurance funds, or the Ministry of Health, for sending patients abroad for treatment. Foreign referrals are always associated with high costs. If the capacity to treat some of those groups of diagnoses locally can be strengthened, locally available monetary resources could be reallocated for strengthening of other areas in the health care sector like primary and mental health care.

Credibility

Priority aspects are associated with a number of complex ethical dilemmas, especially when dealing with priorities between individuals with severe medical conditions. IMP and IOM have avoided a transparency during the process of prioritisation in order to avoid creating unrealistic expectations that might not be possible to fulfil. After the patient is informed about a decision of evacuation this individual is however on the top of the priority list. We do not change a decision after a patient has been informed that treatment will be organised, even if new cases are presented with higher medical priority. In short, we avoid giving promises before knowing for sure that we can fulfil that promise. To keep a given promise is of highest priority. Anything else would harm the credibility to the program.

Challenges

During eight years of cooperation we realised that there are enormous amounts of challenges to face in order to give the population access to a well functioning health care in Kosovo and in the region. There is an obvious need for an increase in professional capacity. The lack of coordination and communication are existing major problems. In some areas the theoretical and practical competences are on a high level, but the lack of resources and equipment prevents the doctors and the staff to perform an adequate work. Building of professional bridges and networks, locally as well as regionally, is therefore an important challenge. Rebuilding of adequate trust in the local health care among the population is a challenge, as well as the need for continuous rebuilding of trust and cooperation across ethnic groups and geographical borders. The existing system of unofficial payment is an obstacle for the rebuilding of trust. Qualitatively uncontrolled privatisation as well as the lack of qualitatively monitored public health care might lead to many undesirable situations.

Mutual value of bilateral exchange of experience

In highly developed countries with well functioning primary health care and preventive health care some serious conditions become less frequent. A program with the aim of capacity building through transferring of professional knowledge will simultaneously give valuable experience to the mentors.

Many refugees are spread in the world and might need hospital care in their host country. If they are received by a doctor who informs them on the fact that he or she worked in their home country, and is well acquainted with the present situation, there are good chances for establishment of trust, which is an important factor in the treatment process.

Results

A number of patients were treated through this program financed by the Swedish government. The most important results are, however, that in spite of limited financial resources there has been a notable increase of local capacity in many medical fields. Professional and social friendships have been established which facilitates continuous informal consultations through email and telephone outside the framework of the project. We have seen many young enthusiastic colleagues with good potentials for the future, if being provided with adequate support. We have seen a gradually improved leadership, which also needs further support. We have tried to emphasise the importance of supporting qualified staff in order to establish working models of teamwork and cooperation. The value of teamwork and cooperation is commonly understood by the local medical staff after having experienced this working model during a training visit abroad.

Finally we wish to point out that we always were received in the best possible way. The friendships that have grown over these eight years of cooperation are invaluable.

Case report

During 2007 and 2008 one nurse and one family therapist from IMP accompanied by one interpreter carried out a follow-up study of patients from Kosovo who had been in Sweden for medical treatment. The results are still to be analysed, but this is one case report.

One teenage patient with a congenital malformation leading to difficulties in walking and to the inability to control urine and stool was evacuated in 2006. There was no possibility for cure of her primary medical condition, only habilitation aspects how to handle and deal with the handicap. The girl is more or less bound to a wheelchair or her crouches. The goal for the evacuation was a self training program to handle urine and stool in order to become independent and socially continent, not needing to use diapers anymore. The training was successful and the goal was fulfilled.

Similar to some other of the evacuated patients she expressed during the follow-up interview that she had seen a different life that she was unaware of before she visited Sweden, and she said that it was difficult to return to Kosovo because she had something to compare with. The most important improvement after the evacuation was

that she no longer smelled of urine or faeces. She believed that the self training program gave her the possibility to live an independent life. She said “I think differently now” and “if somebody is messing with me I beat them with the crouch”. Her mother said that her daughter had noticed that nobody stared in a bold manner at handicapped people in Sweden, and that Linköping as a city was well adjusted to handicapped people. The mother continued saying that one does not see any handicapped people out in the society in Kosovo. She means that her daughter got a new view of how a handicapped girl can live her life.

The girl said “I have decided that I have the right to exist in the society”. Her mother filled in “after the treatment my girl has become happy and positive” and “she is self confident in joining her friends when she walks out”

The girl said that her daily life is not always easy. Generally, bus drivers and others do not help if you are handicapped. People in general do not have the common understanding of the needs and support for handicapped people. She told about something that happened that she felt to be significant for Kosovo. One day she almost fell on the way to the taxi she had called “and not even then the taxi driver left his car to help me”. She added that “sometimes it is hard to continue walking when people stare at me, but I continue anyway”.

Before a decision of evacuation was made the authors visited the girl and her parents in their home. Every attempt to communicate with the girl was interrupted by the parents answering our questions to the girl for her. We did not succeed to establish a communication with the girl until we had politely asked the parents to leave the room temporarily. When we brought this up again at the end of our meeting we were informed that this was the first time that any doctor had directly addressed the girl and communicated with her. The parents were trained that it was their responsibility to answer all questions concerning the health and well being of the girl. From this information all of us in the room learned something that was of importance for the success of the self training program in Sweden.

This case is an example that not only life threatening conditions and major surgery interventions, like surgery of heart malformations, can change the living conditions in a significant way. Small interventions associated with relatively small costs can be of significant importance. In this case knowledge of the technique of clean intermittent catheterisation was transferred to a team of physiatrists and a paediatric surgeon from Kosovo who were invited as guest doctors together with the girl during the evacuation period. The result was that the technique was introduced in Kosovo and many more patients with similar conditions can today be adequately handled by local professionals. Besides the obvious improvements for this teenage girl, leading to a possibility to live an independent life with adequate social contacts and education possibilities, the parents described that their long isolation from social contacts was broken. For the first time in more than a decade the parents were able to accept invitations to dinners and participate in social activities together with friends and relatives.

Community losses and grieving processes: An epistemological revolution

Jean-Claude MÉTRAUX

Abstract: It can be assumed that armed conflicts within communities cause many and various forms of collective grief. The quality of collective grief processes defines the actors' view on change, activity and otherness. Their theory helps to precise the conditions for a growing conscience of being author and actor, both individual and collective, of one's own becoming; the conditions, too, for a full respect of otherness. As recognition plays a crucial role in the elaboration of collective grief, its indicators are the most likely to identify the presence or absence of the conditions required for the process of collective grieves. Such indicators will be defined. This kind of evaluation should be led simultaneously at the level of the donors, of the local NGOs and of the professionals and volunteers directly involved in the field work.

The Advanced Research Workshop organised in Pristina, Kosovo, in April 2008, had the objective of "Activating Local Resources for the Protection of Psychosocial Development of Individuals and Communities in Territories Affected by War and Terrorism". My own lecture had the title "Individual and Community Losses and Grieving Processes – Ways to Recovery". When writing a paper related to this lecture, I decided to focus on the implications of our knowledge of collective grieving processes on the evaluation of community programmes in areas affected by war. This topic has a crucial importance since most of researchers and agencies seem to ignore it.

Collective grief

The following assumptions on evaluating *community-based psychological programmes in areas affected by war* stem from earlier personal research on the concept of collective grief¹. This concept is used to refer to the grief processes within a community², consequent to the loss of an "object" common to all members of a given group. This object may be a man or a woman meaningful to all members: a leader or a respected elder, or within a family, a father, a mother or a child. It can also be a place – the village one had to leave behind, a close forest now a mine field – or a significant monument – a destroyed church or mosque, a burnt down town hall. It can also refer to a first commonly shared and then obsolete meaning such as a sense of belonging, a

¹ Jean-Claude Metraux, *Deuils collectifs et création sociale*, Paris, La Dispute, 2004 ; Jean-Claude Metraux, From Child Well - Being to Social Reconstruction? In: Editors: Friedman J.M. and Mikuš Kos A.: *Promoting the Psychosocial Well Being of Children Following War and Terrorism. Output of the Advanced Research Workshop: The Importance of Psychosocial Well being of Children in the Postwar Period for Social Reconstruction and Stability of Terrorist and War Affected Regions*. NATO Security through Science Series, Sub-series E: Human and Social Dynamics – Vol.4, IOS Press, 2005, pp.45-59.

² By *community*, I define a group of persons who share a common meaning, a common belonging. Thus, a family as well as an association or a society may constitute a community.

plan for the future or the trust in one's neighbours. It can hence be assumed that armed conflicts within communities cause many and various forms of collective grief. We feel therefore entitled to use our theoretical knowledge of them.

However, all psycho-social programmes implemented in war-afflicted areas do not focus on this issue. The issue of collective grief is hardly ever found in wordings for specific donors and neither in the programme's implementation. Yet, remaining silent on it is rather risky inasmuch as collective grief has a decisive impact on the way authors and actors of such programs view change, activity and the concept of otherness. This mainly for both the evaluation and monitoring: evaluation focuses on changes, monitoring examines realized activities, and otherness is unavoidable in war scenes and in peace-making processes.

The issues of change, activity and otherness

Any conception of change, be it individual or collective, can be traced back to a grief process, which can be individual or collective or rather individual and collective. The grief of meaning or of belonging is quite crucial here. When frozen before it actually begins, as in coping conditions – war is the paradigmatic example – change takes on the term of Survival. Any kind of substantial change is therefore a threat to the survival of the community's identity, which will then identify change with the disguise of a stability turning a deaf ear to time. If the grief process fossilises at an early stage – in the form of refusal, denial or closing – the sensed and wanted change is then shaped by the wish for Mastering: it is thus quantifiable, “numerised”, slow or fast according to a prefixed aim, progressing as a standard. When fossilised at a later stage – in the form of despair, disorganisation or opening – change becomes unpredictable and varies according to chance – (Un)balance – the outline of which remains unknown to the human beings thus turned into mere spectators. Reaching the last stage, which I name the stage of memory, any change – in human affairs – can be considered a Creation, unpredictable as well, though working as a testimony of the acting of individual and of human communities, able to create a gap between the past and the present, in Hannah Arendt's words.³

This quick survey enables us to emphasize the numerous and often contradictory patterns at work in grief processes. This is all the more useful as collective grief processes are known to last for a long time, even as long as one or two generations in post-war times. For the recipient communities as beneficiaries of psychosocial projects which are still experiencing a Survival condition, the change is felt as a threat to their integrity. Relief organisations and their sponsors, on the other hand, have short-run imperatives and for them, change belongs to a quantifiable pattern and to prefixed goals, in other words, to Mastering. Undoubtedly, this understanding of change is most foreign to the semantics of mistreated populations. Still worse, the reckless among the devastated communities, can be tempted to climb the ladder of progress, thus unfreezing their own grief of meaning and holding it at the stage of refusal. Without care, they will be condemned by the community for betraying the cause of identity survival. This stems from what I call the *paradoxical dynamics of individual and collective grief*, and which I define as being the inhibition of an individual grief process

³ Hannah Arendt, « La brèche entre le passé et le futur », In *La crise de la culture*, Paris : Gallimard, 1972, p. 11-27.

by the much slower collective grief processes, though the grief ability primarily lies in the human psyche.

The issue of change has been the leading point so far. Yet, the issues of activity (versus passivity) and otherness (versus identity) can be equally functional in that they are similarly combined with the outcomes of collective and individual grief. In survival conditions, such as war, namely frozen grief periods, the only activities worth mentioning should be the ones ensuring the group's survival. As of otherness, it becomes unconditional otherness as soon as a subject endeavours to promote another aim. Under the wings of Mastering, when grief is stuck in refusal, activities are weighed up in a cause and effect logic. Their number should indeed size up the distance to the fixed standard. They display an ability for fabrication, if we follow Hannah Arendt's distinction of action as fabrication and action as beginning.⁴ Otherness should on the contrary be regarded in terms of competencies and differential potencies, success and profitability. (Similarities with the semantic bases of *monitoring* are too clear to be left unspoken.) In (Un)balance, when grief is stuck in the depressive stage, activities are generated by chance and thus without standard, be it ethical or moral. Otherness, on the contrary, is no longer outlined according to competencies and powers but as inclusion and exclusion. When grief is finally enabled to reach its last stage – in Creation – the favoured activities should bring about a beginning, a gap with the past, the creation of a new meaning, whose author may be an individual or a human community. Otherness, furthermore, will convey the various individual and collective meanings lying within individuals and communities, without masking fundamental similarities between them, such as their meaningfulness, the ability to create new meanings and belongings. As a result of this, judgement values will be reduced though not banished. Isn't that actually the goal of any psychosocial project related to peace and peace-making?

This point cannot be extensively argued here thus resulting somewhat sketchy or schematic. Still it points out that evaluating methods nowadays mainly stem from a kind of Mastering which displays a grief of meaning stuck in its origin in professionals, scholars, corporations and organisations who praise those methods. Shocking though this may seem, I dare ask the irritated reader not to quickly skip these lines. Couldn't we, indeed, find here a possible explanation for the controversies on the evaluation of psychosocial programs and the resistance of fieldwork people towards their sponsors' requirements? In such a context, the evaluation of community-based psychosocial programs in areas affected by war usually produces more questions than answers. Who needs the evaluation? Who will be the beneficiaries of the evaluation? Who are the authors and designers of the evaluation, of its goals, indicators and methodology? The donors, the local NGOs in charge of such projects or the supposed beneficiaries of the programme?

Community-based psychosocial programmes

It cannot be deduced, though, that any evaluation or monitoring is useless or even harmful, or matching only the interests of international, governmental, non-governmental or scholar organisations. This would be too comfortable a conclusion and prevent any constructive perspective. Before advancing to any assumption based on the

⁴ Hannah Arendt, «Qu'est-ce que la liberté», In *La crise de la culture*, Paris : Gallimard, 1972, p. 215-216.

issue of collective grief, discussing the concept of *community-based psychosocial programmes* seems necessary.

I will not focus on the second part of the phrase, *psychosocial programmes*, a vague expression requiring much more attention than what is allowed for here. The first part of the phrase, *community-based*, is what I shall examine here. What does it mean? Definitions are often implicit and vary, even noticeably, according to the issues of change, activity and otherness that I outlined in this essay, and finally according to the issue of *grief of meaning*, for the individual and member of a community – in the form of a martyred community, association, NGO, governmental organisation, university etc.

(*Parenthesis*: by the way, what kind of grief of meaning does the speaker experience? Wouldn't it be improper to assign him a grief that he may not sense himself? This grief is related to a changed reality. Actual reality resists the meaning its author gave to his past action and still gives to his present action, be it a psychologist or a psychiatrist, an official in a governmental organisation specialized in aid in development or a researcher in an external evaluation. We would have to be blind to deny these resistances and the loss of past meaning. But grief stuck in the refusal or denial stage leads to such blindness.)

Let us now go back to the critical discussion of the phrase *community-based*. In Survival–frozen grief– because of the definition of otherness, any action, including speech, can only be community-based or *foreigner-based*. What does not stem from home can be regarded as a threat. The community will close ranks to defend a coping identity against intrusion. Community-based thus means «being the conceiver, author, actor, programmer, evaluator» of the given programme, in the psychosocial or in other areas of interest. Yet, international, politic and economic power struggles, even for diplomas, prevent such autarky. But the wish for autarky, which is generally silent, will however ruin the relationship with humanitarian and other helping organisations. In Mastering– stage of refusal– community-based may convey the meaning of *data-based*. The community would then be a passive or active source of information that the starters of a programme or their sponsors should collect and take into account to ensure that it matches with the context and to make the programme successful. At worst, community-based is a mere pleonasm implying that actions take place within a community. Such is the meaning of *community psychiatry* and *community psychology* as western countries still use them. In (Un)balance, the word community is bruised by the contrastive forces of individual and globalised society. At this stage, the loss of meaning is conscious thus unsurprisingly leading communities based on a shared meaning to implode. In Creation– elaborate grief– each community focuses on the beginnings it enacts and the definition of *community-based* resembles that of Survival: being a conceiver, an author, an actor, a programmer, an evaluator. And yet, differences do exist: the final aim for the community is no longer survival but self-creation. The variety of views, actions and beginnings of fellow-members is not prevented anymore but favoured on the condition that it does not affect the community bond. The community is plural and acknowledges the possibility to build up shared meanings with external people and communities. The foreigner is thus turned into a same other. The gap between community-based and foreigner-based is narrowed. In order to define this kind of community plans, I already discussed the *radical*

participative community approach.⁵ Examples of which are to be found in Latin America (at least in their intention) and in programmes that Anica Mikuš Kos and her association developed in the frame of the NGO Slovene Philanthropy and of Foundation Together in ex-Yugoslavia, Caucasus and Iraq.⁶ It assumes that evaluating is itself *community-based*, from the definition of its goals to its implementation, thus thoroughly transforming the role of foreign experts.

We could first advance to the conclusion that for communities stuck in Survival, *community-based* means something else than what professionals and organisations full of Mastering intend. This may cause numerous misunderstandings and tense collaborations. Using *community-based* only in the semantics of Creation enables dialogues and synergies with survived populations. We feel thus entitled to claim that an understanding of collective grief of meaning generating Creation should be developed within aid and cooperation organisations. The theory of collective grief ensures the presence of neighbouring communities respectful of otherness, likely to keep peace and gives long-term social and psychic health, namely the conscience to be author and actor, both individual and collective, of one's own development. It is therefore crucial to identify the presence or absence of the necessary conditions for it to develop. In post-war situations, this seems to me to be the only credible type of evaluation, the only one which is not iatrogenic. As it lasts at least for one generation or until another relevant health indicator should arise.

The option of recognition

Recognition, or forms of recognition, play a crucial role in the elaboration of collective grief. Recognition only can prevent the paradoxical dynamic between individual and collective grief. The creation of a real democracy tends to face a regular problem: individuals whose grief of meaning is further worked through than that of other fellow-members can be blamed for it. Consequently, the influence they are likely to have on the collective elaboration of grief of meaning is inhibited. Collective grief of meaning is thus fossilised in the first stages. But there is a way to avoid this. When completing its last stage, the stage of memory, indeed, grief increases the available forms of recognition. If properly used, these forms of recognition save it from the community impulse for the survival of identity. Those forms of recognition may even spread through the community and support the collective elaboration of grief of meaning.

We can distinguish various forms of recognition on a dual basis: according to the forms of recognition and according to the vertical or horizontal nature of the bond between partners of recognition.

Starting with forms⁷, we can identify three main ones. Recognition as identification⁸ requires prior knowing and working of memory which allows the recognition of the formerly known object. This form of recognition is privileged,

⁵ Jean-Claude Métraux & François Fleury, *Creators of their Future. Group Work with Traumatized Communities*. In Perren-Klingler G. (Ed), *Trauma, From individual Helplessness to Group Ressources*, Haupt, Bern, 1995, pp 141-162.

⁶ See the paper of Anica Mikuš Kos in the present publication.

⁷ Paul Ricoeur, *Parcours de la reconnaissance*, Paris: Stock, 2004.

⁸ The English language has two words, *to recognize* and *to acknowledge* when the french language has only one, *reconnaître*.

exclusively at times, in its formation and research. We can also note that in psychosocial projects, chiefly in intercultural contexts, a special kind of recognition as identification is central: recognising the other's suffering. A second and more complex form of recognition is acknowledging oneself. First, despite differences, experiences and ageing, one should recognise oneself as the same – the ground for narrative identity – at various times of one's life. This narrative recognition can be deeply affected by traumatic events that tear the course of life. We should then acknowledge our own capabilities: be able to say, do, give, tell and tell ourselves, thus generating a feeling of responsibility. When looking to the future, acknowledging oneself similarly generates commitment and promise. Mutual acknowledgement, the third and last form of recognition, requires reciprocity between partners of exchange. This mutual acknowledgement is shown, at a very deep level, by an approval which provides emotional safety: the approval of one another's existence. Contempt⁹, when harming one another's physical integrity, or humiliation sharply contrast with it. Equality of rights and social esteem, based on a society's fundamental values, are the two other grounds of mutual acknowledgement. Most contrary to this is the contempt populations afflicted by war and exile often experience.

The inverted sequel of forms of recognition should be underlined. Mutual acknowledgement, which restrains contempt, is a prior requirement to the acknowledgement of oneself, the capability for victims of atrocities to say and act. Recognising in oneself the experienced suffering is necessary to identify suffering in others. Consequently, recognising oneself is prior to the recognition as identification. Contrary to a lasting commonplace among community-based psychosocial programmes, knowing is thus not the first stage. It rather takes place in the end of the process.

Let us now tackle the issue of the vertical or horizontal nature of the bond between partners and recognition. Community bonds are horizontal when no power relationship is present between partners. Verticality, on the contrary, refers to asymmetrical positions in political, financial and scholarly terms. In war-afflicted areas mainly, psychosocial programmes are obviously crossed by various vertical links: those between project managers and the recipient community, possible trainers and the people they train, sponsors and sponsored organisations, external evaluators and evaluated organisations, not to speak of the North-South or West-East asymmetry. The more rigid the hierarchy, the more losses of people and communities in inferior positions increase. Grief is thus complicated and its elaboration delayed. On the contrary, when the various dimensions of mutual acknowledgement, namely reciprocity, approval, equal rights and social esteem, are put into practise, collective grief is best started and deepened. One more time, this should urge aid and development organisations to work through their own collective grief of meaning :the grief of Mastering for instance, of a blind trust in one's supposed knowledge, of the ability to quickly identify indicators of change (weaker prevalence, for example, of symptoms and pathologies) and of excessive confidence in monitoring.

⁹ Axel Honneth, *La lutte pour la reconnaissance*, Paris: Cerf, 2002.

Indicators of recognition

Restructuring evaluation methods, even though in a global way, does not invalidate the possibility of considering evaluations. The numerous forms of recognition make it possible to define operable indicators. Two categories can be considered:

The first indicator focuses on the vertical recognition. In the interacting of hierarchical levels within the programme, these indicators should sense whether conditions for the working through of collective grief of meaning among the recipient community are present or missing. Focused on conditions, these may be sought throughout the programme. Methods, behaviours and messages from the superior hierarchical position(s) will be examined. In a programme¹⁰ involving financial support, a foreign non-governmental NGO, a local association, local trainers, teachers and the targeted community – in this case, students and their parents – for instance, methods, behaviours and messages can be analysed on every superior level, from the financial to the teaching strata. Similarly, these indicators also evaluate the quality of the elaboration of collective grief on the considered level because of its influence on the forms of recognition.

The second indicator explores the horizontal recognition among the recipient community. It will aim at providing precise evaluation of the quality of collective grief processes among the community. Because the process is very slow - and all the more so if it has been frozen for long - the search for these indicators should last many years, at least ten years, after the programme has been started.

I will only venture to suggest here some subcategories of indicators. Further definition would indeed require a prior cooperation with authors and actors of the evaluated programme. For their short and middle-term practical relevance, I will consider the indicators of the vertical recognition only:

- Indicators of the recognition by actors of superior hierarchical positions of the capability to say, act, give and tell in actors of inferior hierarchical positions
- Indicators of the recognition among actors of superior hierarchical position of their own capability to say, act, give and tell
- Indicators, among actors of superior hierarchical position, of the approval (meaning approval of existence), of the (social) esteem, of the rights of those in inferior positions. Reciprocally, indicators of forms of contempt that would freeze the working through of collective grief. It can be mentioned that indicators of approval require for members involved in the project to acknowledge a necessary allegiance to their community and its former generations.
- Indicators of reciprocity which examine, among actors of superior hierarchical positions, the ability to express personal experiences, inabilities, pain and values – which I named in earlier research precious words¹¹ – to actors of inferior hierarchical positions. In the same way, they explore their ability to receive competence, narratives, the gift of memory they will be offered and will have to improve the programme with. Stressing the responsibility of actors of superior hierarchical positions does not however deny the role of actors of inferior

¹⁰ Such as programmes developed by the NGO Slovene Philanthropy and the Foundation Together in ex-Yugoslavia, Caucasus and Iraq.

¹¹ Jean-Claude Métraux, *Le don au secours des appartenances plurielles*. In Centlivres P. & Girod I. (Eds), *Les défis migratoires*, Seismo, Zurich, 2000, pp. 457-464.

hierarchical positions. But, the impulse for a balanced relationship within the asymmetry initially depends on the superior pole.

- Indicators of respect, among actors of superior hierarchical position, for the inferior positions' sacred sphere, namely places of silence and secrecy, uncommunicated outside the community because of real or unreal (imagined) threat for its identitary survival.
- Indicators of the recognition (through identification) of suffering among people in inferior hierarchical positions
- Indicators that priority will be given to forms of recognition over transmitting and acquiring knowledge

Obviously, such kinds of evaluation should be led simultaneously at the level of the donors, of the local NGOs and of the professionals and volunteers directly involved in the field work.

Let us hope that relief organisations, universities, managers, professionals of the psyche and researchers can venture on these forms of evaluation and on the epistemological revolution they require. They will thus really contribute to finding ways of activating local resources for the protection of the psychosocial development of individuals and communities in territories affected by war and terrorism.

Anxiety and trauma symptoms in refugees after displacement from Kosovo

Harald C. TRAUE, Lucia JERG-BRETZKE and Jutta LINDERT

Abstract: The study provides data of post-traumatic stress disorder, depression, anxiety and specific symptoms of mental and somatic disorders and determines the relationships between biographical data and experiences of violence to disease symptoms. The analysis of clinical interviews is presented, including a report on escape conditions, quantitative biographical data, and mental health data from a sample of 99 Kosovo-Albanians living in refugee camps in Germany which were documented and statistically analyzed. Serious forms of violence were reported. Independent of gender 40.2 per cent of the refugees suffered from symptoms of post-traumatic stress disorder, 80.3 per cent from symptoms of depression and of anxiety. Persons who had spent less time during forced displacement have lower prevalence of main outcome measures. Anxiety correlates with age, with a peak at the age group of 30-50 year old. War and organised violence are revealed as a serious threat to and a challenge for public health.

Introduction

Mental health problems of persons affected by forced displacement and organised violence are a major challenge to public health in both, sending and receiving countries. After the introduction of the "Post-traumatic-stress-disorder" into the international classification systems, publications on the effects of violence and war increased. PTSD prevalence rates for post war or ethnic cleansing populations vary between 10 per cent to more than 93 per cent. Data of refugees in Western host countries give an overall range for PTSD in the United States for Bosnian refugees of 65 per cent (Weine et al, 1995), for refugees living in Australia of 37 per cent (Silove et al, 1997) and for Bosnian refugees in Croatia of 26.3 per cent (Mollica et al, 2001).

In 1999 nearly one million people were displaced from their homes in Kosovo. Whole communities moved and up to 80 per cent of the population were displaced at least for some time. This was the greatest displacement after World War II (UHNCR, 2000).

In this study we reanalysed data from a cross-sectional survey among Kosovo refugees who came to Germany in 1999 to find out whether there is an association between symptoms and the socio-demographic variables of education, age and sex and the length of displacement procedures experienced.

Design

The study was a cross-sectional survey of Kosovo refugees. In 1999 after the war in Kosovo four teams consisting of psychiatrists, medical doctors and interpreters visited four reception centres in the south of Germany, in which the refugees had been placed, and invited 177 residents to interviews (May 1999 - November 1999). Because the first families went back in September 1999, moved or declined, only 99 refugees were interviewed with standardized questionnaires and in open-ended interviews.

Socio-demographic background was obtained by standardized questions. Additionally the "Harvard Trauma Questionnaire" (HTQ, Mollica et al, 1992) was used, developed to measure trauma symptoms especially in refugee populations and the "Hopkins-Symptom-Checklist" (HSCL-25, Mollica et al 1987), developed to measure depressiveness and anxiety symptoms. The first part of the HTQ assesses exposure, the second part quantifies with 16 items the DSM criteria intrusions, numbing and hyper arousal for the PTSD diagnosis. Each item is scored ordinarily along four category responses (not at all-sometimes-often-very much). The HSCL-25 includes two subscales, a 10-item subscale for the assessment of anxiety and a 15-item subscale for the assessment of depressiveness. For both scales responses are summed and divided by the number of answered items to generate a trauma score (HTQ), an anxiety score (HSCL-25), and a depressiveness score (HSCL-25). A score of 1.75 is established as cut-off point for anxiety and depressiveness and of 2.5 as cut-off point for PTSD. People scoring above these cut-off points are regarded as clinical cases.

In our survey all interviews were carried out in Albanian language with the aid of interpreters. The first part of the HTQ was not used. If interviews seemed to have a negative impact on the refugees' health the interviewer stopped interviewing.

Results

We analysed questionnaires from 51 men and 41 women, 7 questionnaires were not completely filled because the refugees developed symptoms during the assessment. 72 per cent (n=67) came from towns or villages and 26.9 per cent (N=25) came from rural areas. The majority of the population elder than 30 years had a secondary education and 8.6 per cent (n=8) had higher education backgrounds. 45.2 per cent (N=51) of the population were married, all lived with relatives in the same household.

Prevalence of traumatic events

Length of flight time was dichotomised, the group who had fled directly after beginning of the NATO bombardment (rapid flight) in contrast to the persons who had already been wandering around before the intervention started (longer flight). 58.1 per cent (n=54) reported a rapid flight history, 36.6 per cent (n=34) a longer flight history. In the narratives all persons interviewed reported displacement, 92.6 per cent (n=88) having witnessed acts of violence and 81.1 per cent (N=77) humiliation and threatening. The frequency of reported suffered violence increased with the duration of flight.

Prevalence of anxiety and depressiveness

The overall mean for anxiety was 2.6. 80.3 per cent of the population had values higher than the cut-off point 1.75. The means for each item ranged between 1.1 (trembling) and 3.3 (nervousness). The items with the highest values were the pattern “nervousness” (mean 3.3), “tensed” (mean 3.0) and “fear” (mean 2.6). These items indicate readiness to arousal. The somatic pattern symptoms “trembling” (mean 1.1), “heart beating” (mean 2.4) and “dizziness” (2.4), had the lowest values. The overall mean for depressiveness was 2.30. 80 per cent had a score above the cut-off point 1.75.

The items “self blaming” mean (1.5), “suicide thoughts” (mean 1.2), “no interest” (1.7) and “feelings of worthlessness” (mean 1.8) had the lowest values. We understand these items as indicating a pattern of guilt. “Sleeping difficulties” (mean 3.1) had the highest mean.

Prevalence of Posttraumatic Stress Disorder

41.9 per cent (n=26) of the sample had values higher than the score 2.5 with the overall mean 2.4. Most reported items were linked to the intrusion and arousal criterion for PTSD in the DSM-IV, as “recurring thoughts” (mean 3.6), “feelings that the event is happening again” (mean 3.2), “feeling to be separated from other people” (mean 3.2) and “sudden reactions” (mean 3.2). The pattern for guilt and avoidance with the items “self-blame” and “feelings of being alone” showed low values.

Risk factors and mental morbidity

PTSD and duration of flight were associated with PTSD (figure 1). When displacement and duration of flight had been very fast, the population showed more anxiety, less depressiveness and less PTSD symptoms than when the displacement had not been quickly. Refugees with gaps in their memory showed higher prevalence of the assessed outcome.

The analysis does not show significant differences in the total amount of symptoms assessed. Subtle gender differences emerged analysing the data in detail. Anxiety was more often reported by men, depressivity was more often reported by women however differences were not statistically relevant. There was however a strong relationship between age and symptomatology in anxiety as well as in PTSD. The middle aged group had the highest load on their shoulders (figure 2 and 3).

Trauma narratives

The interviewer asked refugees to speak about their experiences during the forced displacement. The main themes in the trauma narratives were helplessness and feelings of humiliation. Men and women reported feelings of distrust and lost self-esteem.

Men reported anger, powerlessness and vulnerability because of loss of power, control and independence. Women differed slightly and reported sadness because of loss of

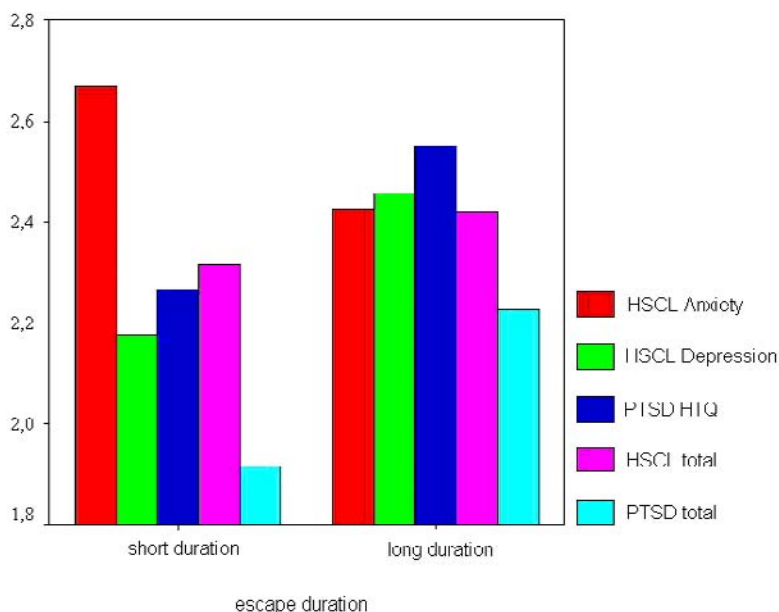


Figure 1: Association between duration of escape and symptoms

belongings, relatives and trust in others. Self-blame and feelings of guilt were less frequently reported.

Discussion

Our study is the first epidemiological study investigating mental health of refugees in Germany at that time. These findings are supported by results of neurobiological research finding modified brain structures in survivors of extreme violence (Kasai et al, 2008). We found symptoms culturally shaped, as very low values were found for the item “suicidal ideas”. This is different to other studies and may indicate cultural difference (Kleinman, 1995). The analysis revealed no gender differences in symptom manifestation supporting the notion that PTSD, depressiveness and anxiety are less linked to different vulnerability patterns than to different exposure to traumatic events. Women are more likely to suffer from sexual assaults and childhood abuse - whereas men are more likely to suffer from accidents (Traue et al, in press). In Kosovo men and women had been exposed to massive violent events and male ethic of self-reliance was offended by induced helplessness. Men’s risk for PTSD may be the same as women’s in communities torn by war and being female was not proved to be an independent risk factor for the development of PTSD.

We have shown that age is associated with an increasing symptom level, decreasing in later life. There are few studies investigating whether age modifies the effect of traumatic experiences. In some studies children have been found to be more vulnerable than adults (Papageorgiou et al, 2000), however, in this sample strong family boundaries were found which may have a protecting effect for children and for elder persons, consistent with other studies about children assessing the morbidity of

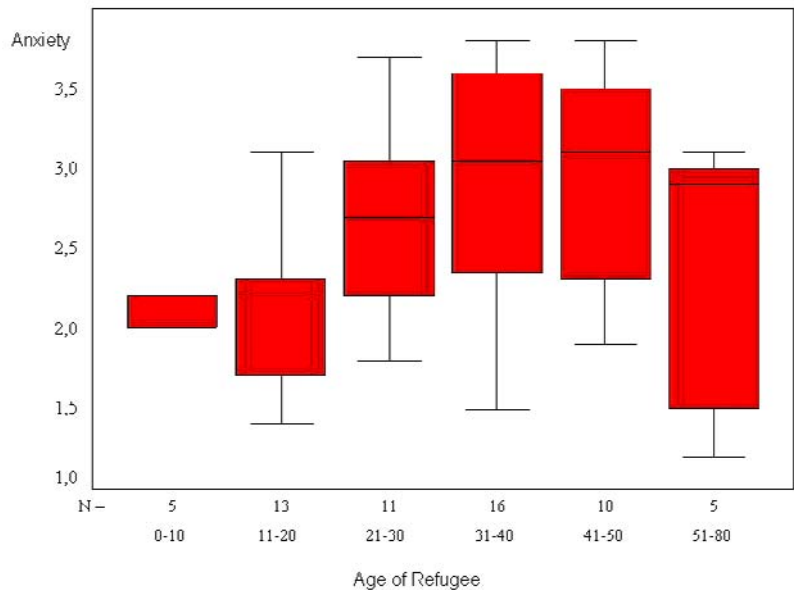


Figure 2: Association between age and anxiety

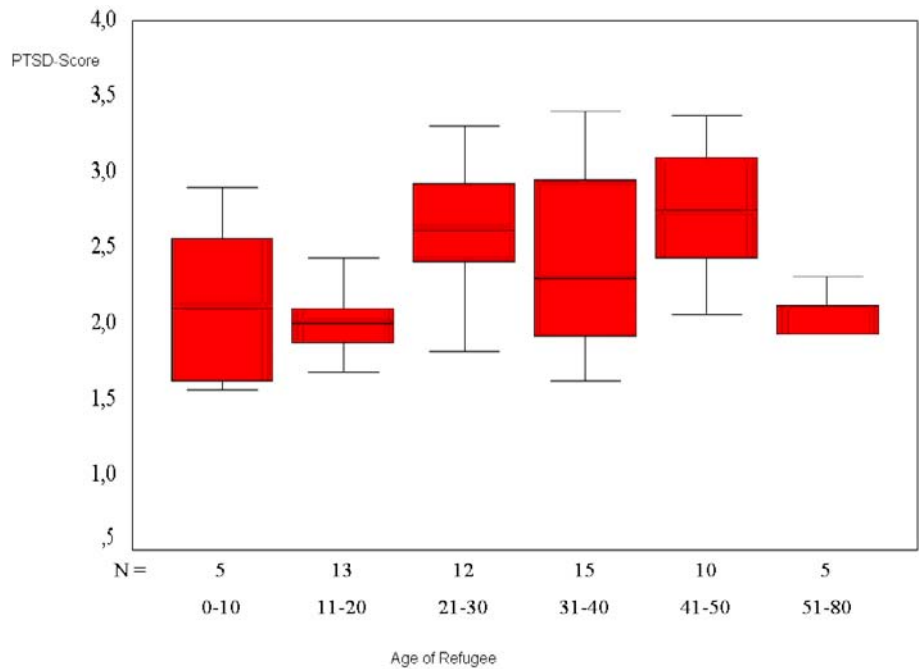


Figure 3: Association between age and PTSD symptoms

war affected children (McEwan, 2002). This study gave evidence that elder and younger persons were protected by family boundaries.

Longer duration of flight was associated with increased outcome level. Duration could be used as a proxy to the amount of traumatic events. Organised trauma has been found to alter psycho-biological and psycho-physical processes. In this study of a population commonly affected by violence we found different patterns of trauma and risk factors than in studies investigating singular events.

Some methodological questions remain. The cut off points of 2.5 (HTQ) and 1.75 (HSCL-25) have to be discussed and validated in the future, because "it is likely that validation of the HTQ in a non patient population will generate a lower cut-off score for the diagnosis of PTSD" (Mollica RF et al, 1996). The cut-off point is likely to be lower, but even for this cut-off point population showed high prevalence of morbidity. Researches integrating neurobiological research into epidemiological culture sensitive research will high lighten the impact of organised violence on health. Needed is longitudinal research on individual and community level. We found in the trauma narratives, that the mistrust level had increased. This leads to the questions whether interpersonal hostility increases in societies after experiences of organised violence and leads to the question which factors influence longitudinal course of trauma.

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Local resources for the protection of psychosocial development of individuals and communities in territories affected by war: Assessment of developments concerning the psycho-social status of trafficked persons with the aim of assessing the level of intensity of rehabilitative-re-integrative work

Oxana ALISTRATOVA

Abstract: The social reintegration services for victims of trafficking in human beings of the NGO "Interaction" is an example of activating local resources for the protection of psychosocial development of individuals and communities in the Transnistria region of the Republic of Moldova. The presented work experience serves as a best practice model in organizing rehabilitation/reintegration support for victims of trafficking in human beings. Taking into account their different types of personalities, "Interaction" has developed different kind of approaches and interventions to best support and empower the beneficiaries of their services. In view of the large number of affected victims the organization saw the need and reacted in developing a complex system of approach to empower the beneficiaries to be able to reintegrate and cope with their everyday problems in a solution oriented way.

Introduction

The topics addressed in the article are of interest in studying the problems of countries and territories affected by war and terrorism, whereby we need to pay particular attention to the various socio-economic and psychosocial aspects of a community's development. Do the respective local communities have enough confidence to solve their problems by themselves or does the situation call for the support of other regions or even international bodies? Community self-confidence is the ability of human and administrative resources, combined with according financial power to respond adequately to the demands of the situation, to prevent possible negative consequences and to plan "a new life after". The need for the involvement of international aid and the choice of when to ask for it depends on the type and scope of actions to be implemented. In any case it may be a wise decision to adopt best practices of solving problems based former experience in crisis management in similar situations around the world.

The non-governmental organization „Interaction“ was founded on April 24, 2002 in Tiraspol, Transnistria. From the outset, „Interaction“ has been working in close co-operation with other social institutions to resolve social problems in the region. „Interaction“ is a non-profit organization and implements a range of programmes aimed at preventing human rights violations, with particular emphasis on the safeguarding of women's and children's rights.

Programmes of “Interaction”:

1. *“Centre for Social Development”* was established and developed to prevent trafficking in human beings and provide assistance to affected victims. Within this programme our efforts aim at promoting women, providing information and awareness raising as well promoting gender mainstreaming and equal opportunities for men and women respectively in the economic and social development of the community. *Our target groups* are victims of trafficking in human beings, socially disadvantaged groups such as unemployed or low-income sections of the population, potential emigrants, victims of domestic abuse and violence and last but not least the elderly.
2. *“Step by Step to a Steady Community”*. This programme aims at the steady development of non-governmental organizations, and broadens their contribution to the development of local communities. This programme included various interconnected and overlapping areas of interest such as human rights, civic sector development and inter-sectorial interaction as a guarantor for a more steady development. *Our target groups* are public institutions with a social orientation, active self- organizations of people living in the towns and villages of Transnistria and the mass media.
3. *“Youth-Leisure-Culture”*. This programme focuses on the formation and further education of civic culture among young people. The objective of the programme is to support the facilitation of children's and youth's rights to self-determination by involving them in the socio-cultural development of local communities. The strategic priority in this context is the support and the development of youth organisations and volunteer clubs. The methods used in this programme include intercultural exchange, information seminars, educational training, leisure theme activities, creative classes, and volunteer activities. *Our target groups* in this programme are teenagers, orphans (including social orphans), middle-school pupils and university students.

The problem of migration from the Transnistria region of the Republic of Moldova

One of the most pressing social problems Transnistria is currently facing is large-scale migration from the region. A significant number of the population has already migrated or are considering migrating as an option. Those who leave the country hope to be able to earn a decent living in better labour conditions abroad, to realize one's potential and ultimately to be able to care for their families financially. The consequences both legal

and illegal migration are similar to the consequences of unemployment of the population, and lead to negative phenomena both in economic and social aspects of life.

Unlike developed countries that have already passed through the migration boom, Transnistria faces the problem of migration when the economy of the region is in the state of a crisis.

There is little research on the problems of emigration from Transnistria but it seems that the results of studies conducted on the situation in Moldova do not significantly differ from the Transnistrian realities and can therefore be considered as indicative of this region, too.

In 2006, the “Moldova National Human Development Report”¹ was prepared by independent experts and economists, representatives of scientific community, civil society and specialists working in the field and published. One of the central topics of this report is the quality of economic growth. According to the report between 2000 and 2005 the economy of the Republic of Moldova has grown by an average of 6.1 per cent per year. Even at this high growth rate, however, it would take ten years to arrive at the level of revenues of 1989 and 1990. Furthermore, even an annual growth of 5 to 6 per cent would not allow for the achievement of the European level of revenues.

Table 1. Migration movement of the population of Transnistria by years²

| YEAR | INFLOW | OUTFLOW | LOSS |
|------|--------|---------|-------|
| 2002 | 11,360 | 16,797 | 5,437 |
| 2003 | 9,457 | 15,418 | 5,961 |
| 2004 | 8,597 | 12,793 | 4,196 |
| 2005 | 8,364 | 11,660 | 3,296 |
| 2006 | 7,418 | 10,908 | 3,490 |
| 2007 | 6,996 | 10,826 | 3,830 |

Judging by the data of the economic office of Transnistria (see Table 1) we can talk about a rather high level of emigration from the region. It has to be noted that this trend is not related to force majeure circumstances, such as natural disasters or armed conflicts. The high level of negative migration³ has remained unchanged over the last years and has been closely related to the worsening economic situation of the population living in Transnistria.

Experts in the field of migration agree on the negative aspect of migration being the fact that the economically active young people are leaving the country in numbers (brain drain). This fact is confirmed by official data of the National Statistic Bureau of the RM: the primary migrants are young people aged 20 to 29.⁴ Many of them have already stayed abroad or plan to stay there forever. High level of emigration

¹ Moldova National Human Development Report 2006 “Quality of economic growth and its impact on human development” Summary. UNDP Moldova, 2007, www.undp.md

² Data of the statistic service of the Economic office of Transnistria 2002 - 2007.

³ Negative migration balance (i.e. migration loss) is negative difference between incoming and outgoing citizens in the territory of Transnistria

⁴ Demographic situation in the Republic of Moldova in 2006 / National Statistic Bureau. (www.statistica.md)

demonstrates a lack of collective belief in the future of the country, and is also evidence of the economic growth not having positively affected many citizens.

According to the data collected by the Moldova National Human Development Report for 2006, the labour market in the region is characterized by the following problems:

- Large number of jobs with low salaries
- When negotiating salaries the productivity of labour and the level of qualification of the employee are not taken into consideration
- The level of unemployment is high among young people
- The level of long-term unemployment is high
- There is no system of forecasting the labour market

Half of those that are unemployed belong to the lowest income group. One in five persons aged between 15 and 29 is working abroad. Three out of four young emigrants come from rural areas and the same is the number of men among them. About 70 per cent of all young people say that they would go abroad if they had the opportunity!⁵

The striking lack of employment opportunities remains the main reason for this exodus. Poor and extremely poor persons comprise quite a significant portion of the population exposed to the risk of becoming victims of trafficking in human beings. Most often women and children fall victims to trafficking in human beings; they are forcefully taken out of the country for the purpose of sexual exploitation to Turkey, Russia and countries of the Middle East.

While looking into the division of the population by their economic situation (see Table 2) one can note that about 39.5 per cent of the population of Transnistria are students and pensioners, while the employed population (including employment at personal and household plots) comprises only about 31 per cent of all inhabitants of Transnistria.

An important indicator is that during the past five years the share of labour resources decreased by 70,000 persons and comprises at the end of 2007 only 336,500 persons. This decrease in labour resources is the primary cause for migration flows of the population.

Table 2. Division of the population by their economic situation

| Total | 555,302 | % |
|---|----------------|----------|
| Employed (including employment at personal and household plots) | 172,524 | 31 |
| Unemployed | 87,821 | 15.9 |
| Pupils, students | 103,009 | 18.5 |
| Pensioners | 116,069 | 21.9 |
| Dependents | 31,016 | 5.5 |
| At public welfare | 4,776 | 0.9 |
| Other source of subsistence | 38,245 | 6.8 |
| Not indicated | 1,842 | 0.4 |

⁵ Moldova National Human Development Report 2006 "Quality of economic growth and its impact on human development" Summary. UNDP Moldova, 2007, p.-12 www.undp.md

According to the data of the economic office, almost 40 per cent of the total population of Transnistria has secondary or incomplete secondary education as their highest level of education, while only 56,077 people, amounting to approximately 10 per cent of the population have earned a university degree. The share of persons who have a very basic education only (mere literacy) or are even illiterate comprises 5 per cent of the population of the region. Taking into consideration the fact that the total level of education is not very high, one can say that most qualified workers must have left the republic in search of more attractive qualified job offers.

Taking into account the economic situation of the majority of the population living in the territory of Transnistria, it is possible to talk about consistent patterns of high migration flows, which leads to a higher risk for Transnistrians to end up as victims of the criminal networks of traffickers in human beings.

The Problem of trafficking in human beings in the Transnistria region of the Republic of Moldova

Trafficking in human beings is a phenomenon that affects all countries of the world but in different ways and to different degrees. This problem is typical both for the countries of origin of the victims (mostly developing countries with weak economies, a lack of effective social policies and limited opportunities for development of the society and social improvement) and for the destination countries (most often developed countries).

This problem also is not new to our region. In 2003 only 17 victims of trafficking in human beings were known to us, in 2005 the figure increases to 27, and in 2007 39 persons were repatriated to Transnistria and were admitted to the reintegration programme of the NGO "Interaction". These statistics enable us to say that the problem of trafficking in human beings is not new for Transnistria, and what is even sadder, it is worsening with each passing year. Among the first on the list of countries of destination for Transnistrian victims rank Turkey, FYROM, United Arab Emirates, Israel, Bosnia and Herzegovina, and the Russian Federation. Victims from Transnistria have also been trafficked internally. Assistance to potential victims and victims of trafficking in human beings is provided in close cooperation with the International Organization for Migration (IOM) and OSCSE.

Social and political causes for trafficking in human beings:

- The political and economic instability;
- High level of poverty, and unemployment rates;
- The lack of social programmes challenging the welfare of families, women and children;
- The absence of an effective legal system
- The high level of corruption;
- The restricted access to information;
- The ignorance among the population of legal issues;
- The insufficient ethical education;
- The high rate of domestic abuse and violence;
- The existence of myths and wrong information on the life of emigrants abroad.

It is important to note that in Transnistria, at the beginning of the information campaign, the problem of human trafficking was largely unaddressed, although a large part of the able-bodied population (especially from the countryside) went abroad in search of employment. According to the data of the regional statistics service, Transnistria is home to 555,347 permanent residents. The last census, dated 2004, shows that since the early '90s, the population has decreased by 170,000. People reside in eight urban centres (towns and settlements) and 143 villages.

The urbanization process is continuing throughout the region with the ratio of urban to rural inhabitants standing at 68 per cent to 32 per cent. In addition, the official results of the population count assert that, at the time the count took place, 6.5 per cent (66 per cent of these from the countryside) of the population were temporarily absent from the region.

The problem of human trafficking has a difficult latent character, connected with the fact that many of those who become victims of trafficking, are not recognized as such by the competent authorities, because the victims are threatened by their traffickers, they have to fear public censure, and other factors which prevent them from turning to law-enforcement agencies for help.

Young people aged between 16 and 29 are most likely to be trafficked and employment is the most common reason for going abroad. It is therefore obvious that efforts to prevent human trafficking need to concentrate on educating youth and raising awareness among the potential risk groups. The distribution of information regarding assistance and identification of trafficking victims is important, too.

The situation is further complicated by the fact that society and sometimes the authorities consider human trafficking to be a problem solely linked to illegal migration or prostitution. But trafficking is a multi-faceted problem which has proven itself capable of changing its "face" and reacting to new tools in the areas of prevention and assistance.

The struggle against human trafficking must take three strategic directions:

- **Prevention** – the fight against organized crime and illegal migration, and the strengthening of border controls;
- **Reaction** – provision of direct assistance, rehabilitation, and reintegration of trafficking victims;
- **Pro-action** – prevention of illegal migration and informing and awareness raising campaigns, and drawing public attention to the problem of trafficking.

NGO „Interaction“: emphasis on prevention of human trafficking and assistance to victims

The main objectives of the programme are the prevention of human rights violations, broadly informing and shaping public opinion regarding the prevention of human trafficking and illegal migration; and the facilitation of social reintegration of victims of trafficking and their affected families.

Principles of our work:

- Individual approach and confidence
- Anonymity and privacy

- Reliable information
- Understanding and protection
- Collaboration with authorities

Problems identified during the process of the collaboration with beneficiaries

Our work experience in supporting the rehabilitation/reintegration of victims of trafficking shows that persons in our care are individuals and as such require an individual approach and different levels of intensity of intervention of social services in their lives. Despite of the differences in their personal qualities many still have similarities that characterize them. In view of the large number of beneficiaries in the care of our organization requiring long term efficient assistance there is also the need for developing a complex system of approach to the beneficiaries, which besides identifying the nature and intensity of agreed on assistance also allows us to assess the developments in the psycho-social status of the victims (i.e. efficiency of rendered assistance).

Methods chosen for solving the identified problems

Social monitoring and assistance within the frameworks of our organization is being built with due account for the following needs/problems experienced by the beneficiaries: need of passing medical examination and access to treatment, need for career guidance and help in job finding, raising social and economic wellbeing of victim's family; it is also necessary to take into consideration the needs of children and the intensity of participation in the process of reintegration.

These, as well as some other parameters allow for qualified case management that is to study cases and consequently work out classifications of cases and also to work out on these grounds the optimal intensity of support rendered to the victims of trafficking. Working out our own approach to case assessment and designing individual plans of assistance allow for carrying out monitoring, manage available resources, ensure proper planning of activity displayed by the service, shape up strategies and assess the efficiency of overall activity.

We are placing special emphasis on ensuring that in the course of our cooperation the victims if trafficking in human beings in our care are empowered and realize their own problem solving capacity with only limited assistance granted to them by our organization.

Description of our methodology

The work displayed by our organization is based on the individual needs experienced by the beneficiaries. Based on the identified needs of those who suffered from trafficking in human beings we proceed to prepare individual development plans in which we clearly indicate the degree of participation of our organization in the resolution of the problems experienced by the beneficiary.

Work with the victims may include:

- Preparing victims for taking part in investigative actions;
- Socio-psychological and legal counselling/
- Accompaniment to interviews and to court;
- Stress reduction;
- Psychological interventions and long-term counselling;
- Psycho-social activities;
- Counselling on the issues of education and building family relations,
- Personal development plans;
- Career guidance and assistance in finding a job;
- Professional training/schooling
- Small business trainings and grants.

The choice of methods may vary according to the individual approach of staff members to which a case is referred. Standard models of working with a case accepted by the programme, however, include:

- Receiving information on the case,
- A first interview with the victim;
- Counselling by a psychologist;
- Assessing the condition of health;
- Surveying the household conditions;
- Accompaniment/assistance to further training and schooling in selected educational institutions;
- Evaluation of the psycho- social climate within the family;
- Identifying skills and employment needs;
- Working out a personal development plan;
- Supporting and monitoring the development of a person in our care and the efforts made by the organization (costs/qualitative changes);
- Preparing an evaluation report;
- Completion of the case.

Based on the work intensity we have grouped the persons in the care of our organization into three categories:

1. The unpredictable emergency clients

Basic characteristics: emotional instability, inadequate response to the events taking place, attempts to manipulate the staff members working with them, asking additional goods or services, being easily influenced, alcohol addiction, residual manifestations of passed criminal record, absence of life planning, being dependent from humanitarian/financial support of NGOs, apathy, unwillingness to work, poor health condition, of young age.

When working with these persons of the first category our staff encountered various non-standard situations. To name a few examples , those people do not take good care of the apartments rented for them as a social support measure, they often

prove to be a menace to the life of surrounding people (friends, neighbours, landlords), they are involved in petty crime such as theft, they fail to keep their small children out of their personal problems and scandals, they sometimes change food products for alcohol, they are regular and late callers on our Hotline, they tend to have hysterical breakdowns, some threaten to commit suicide, the associate with persons with criminal record and invite them to their homes, they try to fight their traffickers on their own by appealing to criminals, and they are often ill- advised and therefore give false testimony in court. The major difficulty encountered while working with this category is the fact that those beneficiaries are so unreliable and unstable and it is therefore very difficult to plan future events with and for them; we therefore resort to monitor such cases on a daily basis and even several times per day. In this form of emergency care our staff often needs professional coaching and even psychological assistance.

The costs arising in such cases are very high; basically these are the costs incurred for transportation, for communication, for counselling rendered by our expert medical staff. Costs for food products, for the care of children and medication are also a major cost factor. In order to avoid psychological depletion of the staff members it is necessary to organize information- and methodological workshops and training sessions as well as do staff exchange with other NGOs and rehabilitation centres, and encouraging exchange of experience and expertise.

2. *The predictable steady clients*

The basic characteristics of this category of beneficiaries are their capacity to control emotions, their adequate assessment of events, their ability to develop a specific life plan, their desire to become independent, their desire to work, their relatively stable condition of health, their value and perception of life. They are, however, still financially dependent on relatives or NGOs.

The methods of working with such clients are determined by the need to stimulate their initiative in searching for means of subsistence, desire to represent themselves as full-fledged citizens capable of being independent and doing without external assistance. In such cases the monitoring applies from once up to eight times per month except in major crisis such as sudden and serious illness, unemployment, repair of utilities, etc. Financial costs are basically linked to covering the most vital needs (paying for schooling, purchasing tools, food, repair of utilities, etc.). The clients grouped in this category need interactive training for personality development, counselling by specialists in the field of psychology, career planning and help by social workers.

3. *The progressively sustainable clients*

The basic characteristics of this client group are their urge to support another person apart from themselves, their capacity to plan further steps and events, their financial independence, their autonomy in taking decisions, their adequate assessment of events and their readiness to accept the responsibility for their personal conduct, the positive climate in family, their successful employment of schooling and/or their interest in launching their own business. This category of clients is considered to be the most promising. These beneficiaries have a clear vision of their future, a desire to be independent from external assistance, to have a constant and growing income and a good and sound education.

Their distinctive features include creativity, tenacity, lack of stereotypes, desire to achieve success in life and re-establish family relations. Monitoring in this group is done at least three to five times per month. During such meetings the plans and needs of the clients concerning their intellectual development, skills development, resources and domains of women in the modern world (gender mainstreaming) are discussed. Work with such clients always requires from our staff such skills as capacity to think critically, psychological knowledge, computer skills, to be able to do efficient allocation of resources and know about new forms of getting further training and many more.

The financial expenditures are basically covering the cost of education and textbooks, fares, phone bills, purchasing tools, implementation and development of business plans.

Thus, the work conducted by the social workers with the beneficiaries of categories one and two shall be done in such a way as to ensure progress on the case (gradually moving from the first to the second and ultimately to the third category). It is also worth noticing the fact that transfer from one type into another could go in different directions: development-regress. Objective unforeseen circumstances, subjective set points and the results achieved are playing a key role in the progress and development of personality, realization of developed individual plans and intensity of organization participation in the process. Termination of participation in non-governmental programmes takes place gradually in line with the enhanced degree of independence or unwillingness of the beneficiary to accept our support. Typification of the beneficiaries allows us to optimize actions of the social workers, use our resources in a cost-effective way and monitor case development patterns. The ultimate success is when our clients complete the support programme with the final monitoring having arrived at the conclusion “no need for further assistance by the organization”.

Results

Within the framework of our organization from 2004 to 2008, assistance was rendered to 222 beneficiaries, including 26 minors and 61 children as members of victim's families. Geographically speaking the victims came from all over the territory of Transnistria. It has to be noted that the majority of victims registered in the programme of social reintegration of the NGO “Interaction” came from urban areas, and 48 per cent of the total were from two main towns Tiraspol and Bendery. More than a half of the victims (54 per cent) belonged to the age group of 19 to 24; most of them were from 19 to 21. There are certain differences in the age structure of victims from urban and rural areas – victims from rural areas, as a rule, are younger than victims from urban areas. Immediate assistance is rendered monthly to 40-60 beneficiaries.

The analysis of work carried out allows us to assess positively the methodology applied as well as the overall activity displayed by our organization. As a rule, transfer from one category to another could be predicted with 80 percent certainty. In order for the prediction to be accurate it is necessary to estimate the needs, available resources, costs and approximate time frames necessary. Such estimates shall be done with due account for the interest of the beneficiary and his/her self-reliance, capacity to accept responsibility for his/her own conduct and actions. As a rule our beneficiaries are

accompanied by support measures for a period of time from two months to three years. Their development is permanently monitored.

The percentage of the respective categories fluctuates but on average amounts to:

- The unpredictable emergency clients: 30-40 per cent
- The predictable steady clients: 50-60 per cent
- The progressive sustainable clients: 10-20 per cent

It would be unprofessional and unrealistic to set the target that all clients should arrive at the third category. The social assistance, however, does envision the creation of maximal favourable conditions for the successful rehabilitation and organization of arrangements within the capacities of the organization.

Encountered difficulties

Basic difficulties encountered in rendering social monitoring assistance to beneficiaries are mistrust of the beneficiary towards the organization, the unpredictability of his/her behaviour, a general lack of support by other family members and material instability.

On a organizational level we are encountering the following difficulties: The need of frequent supervision for our employees, a lack of qualified social workers in the labour market, the lack of efficient legal provisions and laws that would allow us to solve the problems experienced by the victims, a negative attitude taken by the government structures of Transnistria towards the activity of private and externally financed organizations.

Conclusions and recommendations

The method of classification of the beneficiaries allows for planning of adequate support measures for the beneficiaries as well as to plan the overall activity of our organization. Data- and information processing allows us to carry out assessment of actions attempted by our organization and write reports of our activities. The methodology was elaborated during the first 1.5 years on the basis of experience in the assistance for people affected by psychological and physical trauma. At present time the situation is improving with more social workers and psychologists working in and for the NGO «Interaction».

The results of our activities displayed over the past three years have proven that the good practices applied by us are efficient and justified. Our experience was accepted and appreciated by the donor and partner organizations as the most efficient and optimal one in our region.

Therefore we are recommending it for further use (complete with possible subsequent amendments) so as to enhance the efficiency of intervention as well as to further the development of the scientific and theoretical basis of the respective organization.

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The psychosocial situation in Kosovo and the activities of QPEA

Ramush LEKAJ and Muharem ASLLANI

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Abstract. The paper presents the situation in Kosovo and the philosophy and activities of the Centre for Promotion of Education (QPEA) in Ferizaj, Kosovo, as an example of good practice for the activation of local human resources in the psychosocial field. The main objectives of QPEA are: The protection of psychosocial well-being and the promotion of education of children; the contribution to the psychosocial and psycho-pedagogic quality of the educational system of Kosovo; the mobilization of human resources for the psychosocial protection and well-being of children. The coverage of rural and less developed areas with programmes, the comprehensive and developed synergies between involved actors and agencies, the linkage between the individual and the community recovery and development are the main characteristics of the activities of QPEA.

1. A historical perspective and the present situation of Kosovo

1.1. Kosovo in short

Kosovo is located in the region of South East Europe and borders with Serbia, Montenegro, Albania and Macedonia. Positioned in the centre of the Balkan Peninsula, it presents an important junction of the Median and Southern Europe as well as the Adriatic and the Black Sea. Kosovo's area is 10,908 km² and it is populated by over two million people.

1.2. The situation before 1999

Kosovo was a part of the Federal Republic of Yugoslavia as an autonomous province and as a federal unit. The economic and political situation and continuous discrimination of the Albanian population by the regime at that time led to riots of students in 1981. It was the time when the unrest started in Kosovo and the Yugoslav security forces re-established a stronger control in the province. The repression of the Albanian population in Kosovo continued in later years with the rise of Serbian nationalism in 1990, which resulted in the revocation of the Kosovo's autonomy. All actions culminated with the expulsion of Albanian workers from state institutions.

¹ The authors would like to thank Petra Založnik (Slovene Philanthropy, Slovenia) for her work in editing this text.



| KOSOVA. Area: 10,887 km ² | | |
|--|--|---|
| Territorial borders: 574 km boundary length: with Serbia 265 km, with Macedonia 146 km, with Albania 101 and with Montenegro 62 km. | Population: In 1981: 1,584,440 inhabitants In 1991: 2,105,000 inhabitants In 2001 the population is estimated at more than 2.5 million inhabitants | Deaths degree: 5.2 / 1,000 Population under 15 years: 41% |
| Relief: Kosova's field (570 km ²) and Dukagjin's field (450 km ²) Sharri mountains (2,640 m), Bjeshkët e nemuna (2,656 m), Kopaonik (2,017 m) | Population density: 230 inhabitants per km ² Births degree: 30.5 / 1,000 | Ethnic groups: Albanians over 90%, Serbs 7%, Bosniaks, Turks and others 2%. |
| | | Education: Pupils: 441,664 Teachers: 23,255 |

Figure 1: Map of Kosovo

From the 1990s, Kosovo's population was living in constant fear and repression and with almost no economic and social development. In addition, schools were overtaken by the security forces and Albanian students were not allowed to follow their lessons in the school subjects. As a result, a parallel education system was created and the lessons for primary, secondary and university students were conducted in private houses of persons who voluntarily offered their houses for school. The education system was severely damaged and teachers were working with a minimal payment which was paid irregularly. The situation was constantly tense and stressful since the system was running parallel and considered illegal by the Serbian government.

For a decade, basic human rights of education, employment and non-discrimination were violated. At the same time, Kosovo's leaders tried to find a peaceful solution which would at least respect the basic human rights of the people of Kosovo. The continuous violence and repression on the population of Kosovo caused an immense frustration on the population of Kosovo which resulted in an armed conflict. In addition, people were deprived of proper health care and there was almost no investment or economic development.

1.3. The conflict of 1998 to 1999

The described situation deteriorated leading to a humanitarian catastrophe. Kosovo was occupied and repressed by the Milosevic's regime – a solution violently imposed on Kosovo without the will of the Albanian majority. The armed conflict started in the beginning of 1998 when a whole family (53 members) was killed by the Serbian army in the region of Skenderaj. By October 1998, 300,000 Albanians were displaced and left homeless across Kosovo countryside. About 12,000 Albanians died during armed conflict. In March 1999, NATO launched the humanitarian intervention to stop the atrocities and to enable the people of Kosovo to get back to their homes. During the intervention, Serbia drove more than 800,000 Kosovo Albanians as refugees into the neighbouring countries Albania, Macedonia and Montenegro – nearly half of Kosovo's Albanian population – and displaced hundreds of thousands more from their homes inside Kosovo. Serbian forces destroyed tens of thousands of homes, embarked upon mass looting and rape and murdered several thousands of people.

1.4. After the conflict

After the conflict and the NATO intervention, Kosovo was taken under the protectorate of the United Nations and NATO Forces (called KFOR).

As a result of the genocide exercised on Kosovo's population, Kosovo needed emergency support from abroad to recover from the devastating conflict. As a first priority the support concentrated on the security of the population. After the establishment of the United Nations institutions under its mission UNMIK (United Nations Interim Administration Mission in Kosovo), the education and health sector started to develop. In addition, much emphasis and support was put on the creation and functioning of independent state institutions and the development of a civil democracy and society.

Fast return of over a million refugees to Kosovo and immediate integration in the institutional activities was one of the advantages after the conflict. In addition an effective cooperation was established between international institutions installed in Kosovo and the local provisional government institutions. Immediately, new

developments started in education, the health sector, economical resources and infrastructure.

Kosovo achieved the status of an independent country on February 17, 2008. Nowadays Kosovo still faces social and economic consequences from the conflict. The country has been left with no recovery for over 10 years (1990 to 1999) and its industry, education and health sector were impaired. In addition, in Kosovo there are still about 2000 persons missing from the times of the conflict. Mass graves are still found across Kosovo and Serbia where the Serbian army and paramilitary killed and buried innocent civilians.

At present Kosovo's citizens are the poorest in Europe with a per capita GDP of around € 1,500 per annum. Unemployment, at the rate of more than 45 per cent of the population, is a severe problem that encourages the outward migration.

As a result of described events many people were traumatised and depressed. Children were left without parents, without homes and no proper care. The post-war situation was characterised with a rise in unemployment and poverty and no major economic progress. Established institutions could not cover the mental health needs of children and adults. Needs for economic and social recovery of the country were urgent and huge. Help has been provided by international agencies and foreign countries. It became soon evident that the mobilization and activation of local human resources and other local resources was a most functional and sustainable solution and a precondition for the normalisation of life and for the development of Kosovo.

As 60 per cent of the population of Kosovo is under the age of 25, the investments in the educational system are of particular importance.

1.5. Conclusion

Kosovo suffered a number of long-lasting conflicts that affected the social and economical aspects. The post-conflict situation is characterised by a rise in poverty and unemployment and a generally difficult economic situation. As the youngest country in the world, Kosovo still needs support from abroad to recover and develop. Support is first of all needed in the areas of:

- Human resource development;
- Institutional development;
- Economical and social development;
- Democracy and civil society building;
- Psychosocial recovery and well-being.

2. Psychosocial rehabilitation after the end of the armed conflict

After the end of the armed conflict the process of reconstruction of the country started. International and foreign psychosocial aid was delivered through governmental structures and through NGOs. Many psychosocial programmes were developed, although they suffered from usual weaknesses met in similar post-conflict circumstances: programmes were not coordinated, the majority of them was concentrated in cities, the remote most traumatised villages in which the majority of massacres of the civil population had taken place, were provided with only minimal

and short term psychosocial assistance to the population, or even remained without any assistance at all. Concerning child mental health protection, at least during the first post-conflict years, not enough was done to activate grass root local resources for the psychosocial assistance (schools, primary health care services, etc.). One child psychiatric service was created in Pristina. As in many other countries affected by armed conflicts, the attendance of the specialised service was quite limited and severely traumatised children were not the majority among its clients. Later the Centre for Promotion of Education (QPEA) and other NGOs developed a significant number of school based and community based programmes aimed to activate local grass root resources.

Concerning the mental health protection of children another damaging process took place. Namely, some existing resources in the frame of the school system were abolished by the UNMIK government. In former Yugoslavia the school system was governed by the local administrative departments which cared for the process of education and for the general quality of schools. Those departments were closed. Besides, many schools in Kosovo were employing pedagogues. Their task was to care for the quality of the learning process, to assist teachers in dealing with children having learning and other difficulties, to provide educational and psycho-pedagogic assistance to children and some counselling for parents and for teachers. It could be said that pedagogues had the function of school counsellors. Although they were not psychologists, they had a substantial bulk of knowledge in psychology and acted as psychosocial helpers. By decision of the UNMIK government these workers were expelled from all schools of Kosovo. With their exclusion from the school system an important resource of assistance to children was eliminated in times where the number of psychologically harmed children increased tremendously.

Support from international stakeholders for the psychosocial rehabilitation was delivered in two forms:

- Direct support through material assistance and professionals;
- Mobilisation of human resources and other local resources.

Certainly, there were substantial differences between the two forms of international help and support. The second form of support was more favoured because of its functionality and its sustainability for improving the situation in Kosovo. Through the second form of support, local human capacities and other resources for improving the situation were raised and strengthened. Both forms of assistance were supported by foreign donations and experts from different countries.

Some activities that facilitated the rehabilitation of children and youths in the post-war society in Kosovo were:

- Education of teachers and health workers through psychosocial programmes;
- Psychological and pedagogical counselling and treatment of traumatized and children with special needs;
- Voluntary work and mobilisation of youths in the community;
- Help and support to children and families in bad social situation.

The population of Kosovo was exposed to war-related atrocities and adversities. Practically all children and families were exposed to traumatic events and suffered

losses. The post conflict political situation is still unstable today. The extremely bad economic situation with poverty, unemployment and other social adversities affects the psychosocial situation of families and children. The affected functioning of many families is another important risk factor for the coping capacities and psychosocial development of children. The need for additional psychosocial and psychological support to children and families is enormous. There is still a huge lack of services for children in general and a lack of specialised mental health services for children in communities most affected by past events and present hardships.

3. Centre for Promotion of Education – QPEA

3.1. QPEA in brief

The Non-Governmental Organisation, Centre for Promotion of Education (Qendra per Perparimin e Edukimit dhe Arsimit), QPEA, based in Ferizaj, Kosovo was founded in April 2000 and is registered under UNMIK (United Nations Mission in Kosovo) and the Ministry of Public Affairs of Kosovo. The Centre for Promotion of Education also has a public benefit status.

An important part of expertise and models of good practice were brought to Kosovo via QPEA from Slovenia which used to be a Republic of the Former Yugoslavia. This was an advantage insofar as the Slovenian concepts and models were closer to the reality of Kosovo than the ones from more distant countries of Western Europe or from the USA.

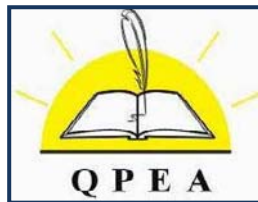


Figure 2. Logogram of QPEA

QPEA operates in the whole territory of Kosovo and is also engaged in many activities abroad as a co-partner of different regional organisations.

The main objectives of QPEA are:

- To protect the psychosocial well-being and promote the education of children;
- To contribute to the psychosocial and psycho-pedagogic quality of the educational system of Kosovo;
- To mobilise human resources for the psychosocial protection and well-being of children;

These objectives are achieved through the following main activities:

- Psychosocial seminars for teachers, parents and volunteers;
- Psycho-pedagogic seminars for teachers, pupils and education officials;

- Counselling centres for children and parents;
- Advanced training for educational and mental health professionals;
- Voluntary work;
- Publications;
- Bursary programme;
- International activities;

Those activities are achieved with the following staff:

- 3 full time employed staff members;
- 52 part-time professionals engaged in different activities of the Centre;
- 4 volunteers working regularly in the Centre.

For the realisation of different programmes local professionals or other actors are occasionally involved, according to the scope and needs of the programme.

Donors:

- Action Développement Parrainages Mondiaux, Belgium;
- Austrian Development Agency (ADA);
- CARE International, Kosovo;
- Calov Johanna David: material assistance to poor children, immediately after the war;
- Foundation “TOGETHER”- Regional Centre for the Psychosocial Well-being of Children, Ljubljana, Slovenia;
- Government of the Principality of Andorra;
- GTZ, Kosovo;
- Hands full of grace, Austrian organisation from Peja;
- International Trust for Demining and Mine Victims Assistance, Slovenia;
- Ireland Aid – Irish International Development Agency;
- Ministry of Foreign Affairs of Slovenia;
- Olof Palme Foundation – Spain;
- OMEGA – Health Care Center, Graz, Austria;
- Organisation for Security and Cooperation in Europe (OSCE) - Mission in Kosovo;
- Organisation of volunteers, ASVI, Milano, Italy;
- PLAN, Tirana, Albania;
- Protestant Church in the Netherlands (Kerkinactie);
- Schools and local educational organisations – donations in kind for the realisation of the programme;
- Slovene Philanthropy, Ljubljana, Slovenia;
- Slovenian KFOR in Kosovo;
- SOLON Foundation Switzerland;
- SOROS Foundation Kosovo;
- Sports without Borders, France;
- Swedish International Development Agency (SIDA);
- Training Workshops International, Virginia, USA;
- U.S. Agency for International Development – USAID;
- U.S. Embassy in Pristina / U.S. Department of State;

- U.S. KFOR in Kosovo;
- War Trauma Foundation, Netherlands;
- Wings of Hope, Netherlands.

In recognition of its activities in protection of children's mental health, QPEA received the Third Prize - ERSTE Foundation Award for Social Integration 2007, for the programme "School Protecting the Well-Being of Children".²

The psychosocial seminars for teachers run by QPEA were published internationally as a model of good practice.³ The manual was written by the group of professionals from Slovenia, the Netherlands and Kosovo. Due to the huge interest for the manual it was later translated from English to Albanian, Arabic and Russian.

3.2. Main activities of QPEA

Due to a multitude of interacting circumstances, QPEA developed a set of interconnected community- and school based programmes. QPEA has developed a net of activities which serve as excellent examples of activation local resources and capacity building. The programmes of QPEA are provided for all 6 ethnic groups in Kosovo (Albanians, Bosniaks, Gorani, Roma, Serbs and Turks).

a) Psychosocial seminars for teachers

The basic idea of the programme is that the school and teachers have important psychosocially protective influences on the present psychosocial well-being, the mental health condition and psychosocial functioning, and on the future development of children having experienced traumatic events, losses of family members and social adversities. Raising awareness about the teachers' protective role is an important empowering process, which stimulates their pedagogic involvement and psychosocial support to children.

The programmes consisted of:

- Training of local trainers (pedagogues, psychologists, medical workers, etc.) who run psychosocial programmes for teachers; monitor the implementation in schools by teachers as participants of the programme; run workshops or lectures for all teachers in included schools; provide remedial interventions for children with severe problems and counselling for their parents and teachers in the frame of outreach visits to schools in villages;
- Modules of three-day lasting seminars for teachers;
- Implementation of acquired know-how and knowledge through the regular everyday work of teachers in schools and through particular activities;
- Regular visits of local professionals as trainers to included schools.

b) Psycho-pedagogic seminars for teachers, pupils and education officials

These seminars aim at improving the psycho-pedagogic quality of the school, at creating a safe, supportive and motivating environment for all pupils, and at providing

² www.erstestiftung.org/integration-award

³ Mikuš Kos A. et al.: *Training teachers in areas of armed conflict: A Manual*. In: Intervention. July 2005 Intervention Supplement, Volume 3 – Number 2 (65 pages), www.interventionjournal.com

some basic educational and psychosocial assistance to children with special needs in the frame of the school.

c) Counselling Centre for Children and Parents

The Counselling Centre for Children and Parents was founded in 2003 with the aim to help children, parents and teachers of Kosovo.

d) Voluntary work

QPEA acts as an initiator of the development of voluntary work and supports the local development of voluntary work in the various regions of Kosovo. Voluntary work of children and youths unites all three levels of the educational system – primary school, secondary schools and universities; from these institutions volunteers are recruited. Voluntary work is an outstanding example of mobilisation of local resources for covering the needs of deprived groups and some needs of schools and communities.

e) Publications

QPEA has published numerous books and brochures in Albanian. Owing to the fact that there is a shortage of literature in Albanian regarding child mental health and voluntary work, the Centre publishes books of different international and local authors. When starting the multi-ethnic seminars, QPEA provided literature to the participants in their respective languages.

f) Bursary programme

The Bursary programme started in 2000; its aim is to support pupils of secondary schools and faculty students of the university in Kosovo, who are affected by poverty. Bursary students, besides their excellent performance at school, are also involved in many volunteer activities.

3.3 Quantitative outline of QPEA's activities

Table 1 illustrates the extension of QPEA's activities:

Table 1. Figures illustrating the quantitative aspect of activities run by QPEA from 2000 to 2008

| BENEFICIARIES | NUMBER OF BENEFICIARIES | SOME EXPLANATORY DATA |
|--|-------------------------|---|
| Schools included in the programme | 340 | All primary schools in Kosovo: 542 |
| Teachers included in psychosocial programmes: | | |
| Long-lasting programmes (courses consisting of three or four three-day seminars) | 3,300 | Number of teachers in primary schools of Kosovo: 20,652 |
| Short programmes (at least two one-day workshops) | 6,310 | |
| Total | 9,610 | |
| Participants of psycho-pedagogic seminars (one-day lasting): | | |
| Teachers | 1,720 | |
| Faculty students | 711 | |
| Officials of regional or country educational authorities | 70 | |

Specialists included in training and programmes (in 2008):

| | |
|--|----|
| Educational specialists (pedagogues, special teachers, etc.) | 25 |
| Mental health professional (psychiatrist, psychologist) | 9 |
| Physicians (paediatricians, family doctors, etc.) | 16 |
| Total | 50 |

Specialists trained and having worked in psychosocial programmes (2000 to 2008)

462

Children –beneficiaries of the programme (since 2000):

| | |
|--|----------------|
| Children in difficulties (receiving remedial and psychosocial assistance by teachers) | 2,470 |
| Benefiting from the improved psychosocial and psycho pedagogic climate of schools included in the programme (estimation – 50 per cent of all children) | Approx. 90,000 |
| Children assisted by volunteers | 11,154 |

Number of all children included in primary schools in Kosovo: 326.911 (2008)

Approximate number of children in schools included in programmes: 180,000

Parents:

| | |
|---|---------------|
| Parents of children with difficulties (beneficiaries of counselling by teachers) | Approx. 2,000 |
| Parents exposed to psycho-educational programmes (lectures with group discussions run in schools) | 3,350 |

Voluntary work:

| | |
|---|--------|
| Volunteers | 2,141 |
| Teachers mentors of volunteers (trained and having worked in school based voluntary programmes) | 194 |
| Children assisted by volunteers | 11,154 |

Beneficiaries of the counselling centres:

| | |
|---|---------------|
| Counselling centres in Kosovo | 7 |
| Total number of children – clients (since 2003) | 2,281 |
| Total number of parents (since 2003) | Approx. 2,500 |
| Teachers (since 2003) | 519 |

Outreach visits to schools (run in the frame of psychosocial programmes or in the frame of the counselling centres):

| | |
|--|--------|
| Outreach visits to schools (in the frame of counselling centres + psychosocial programmes for teachers) | 969 |
| Parents (receiving individual assistance and counselling for their children with difficulties and /or included in workshops) | 3,350 |
| Teachers (receiving assistance and counselling for their students with difficulties and /or included in workshops) | 12,322 |
| Students included in activities (workshops) | 8,620 |

Beneficiaries of bursaries:

| | |
|---|-------|
| Upper-secondary school pupils (during one academic year since 2000) | 1,050 |
| University students (since 2008) | 20 |

4. Philosophy and characteristic of QPEA programmes in the perspective of local resources

Nowadays the conceptual frame, practical needs and benefits of activation of local human resources in psychosocial programmes are not questionable. The big question is how to put it into practice in the most efficient way. The work of QPEA in Ferizaj, Kosovo, is a very good example of the activation of local human resources at different levels –individual, social network, institutional, community levels. The aim of this text is to present the philosophy and programmes of QPEA in the perspective of activated local resources.

Local resources are individuals, informal social networks, organisations, institutional structures and settings in which energies, knowledge, experience and other ingredients needed for social action or movements can be mobilised or strengthened. Different programmes address different entities or segments of the social tissue. The programmes of QPEA are first of all community- and school based, targeting large segments of the population and activating manifold human resources available in the community and institutional structures.

The continuous, outreach and multi-modal activities having lasted for nine years persisted because they are rooted in the social tissue, built on local human resources and adapted to the changing circumstances and needs of Kosovo. And of course, the described activities could not be realised and developed further, without the huge input of foreign countries and international organisations. QPEA together with all beneficiaries of its programmes is thankful for the received financial donations as well as the donations in professional know-how and in humanity.

The activation of available local resources for the psychosocial recovery of individuals and communities at large and the capacity building have been the leading principles of work of QPEA from its founding. The activities started in 2000 with an intense training of local professionals (pedagogues, teachers, speech therapists, physicians, psychologists and members of some other related professions). Immediately after the training, the task of lecturing, running groups and role-play was passed on by them in seminars for teachers. The principle of capacity building started operating already in the emergency phase - in times when psychological wounds were still very fresh.

Since its foundation in 2000 QPEA has developed manifold activities and programmes which are based on the enhancement and the activation of local human resources and the development of social capital.

The main characteristics of programmes are:

- a) From the very beginning, in times when activities still had a character of emergency aid, they were built on local resources and the transition from emergency aid to developmental aid was a smooth continuous process
- b) Local capacity building took place at different levels:
 - At the level of local professionals who were trained for running seminars for teachers, health workers and volunteers;
 - At the level of first line workers: teachers, primary health workers, mental health workers, volunteers;
 - At the level of institutions, services (first of all schools) and communities.

- c) Special attention was paid to the process of implementation of newly acquired knowledge and know-how in the everyday practice of trainees; the motivation for implementation was a most important component of each programme.

Example: Psychosocial programmes for teachers:

- Teachers and other trainees planned at the end of each module concrete activities which they intended to apply in their classes;
 - The performed implementation was assessed at the beginning of the next module;
 - The implementation was enhanced and monitored through outreach visits of trainers to schools included in the programme.
- d) A critical mass was covered by the programme - this was considered a most important quality of the programme.
In order to have an impact not only at individual level but also at community level or at institutional level, a sufficient number of persons, schools, teachers, villages and other entities in a region has been covered by the programme. The programmes of QPEA covered about 80 per cent of the territory of the state of Kosovo.
- e) The development of mental health protection and psychosocial support to children was based on the pyramid structure. In practice this meant that grass root structures (for instance, primary schools) were the first and priority target of the development of psychosocial activities. More specific activities were developed later.

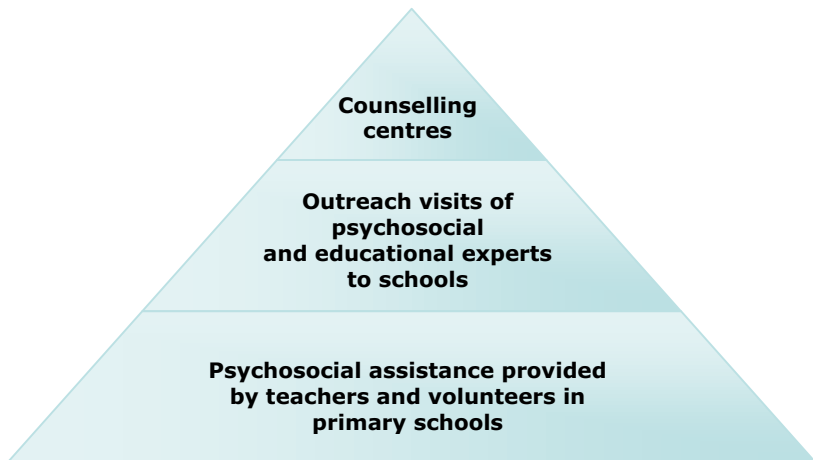


Figure 3. Pyramid of mental health protection and psychosocial assistance

- f) Knowledge and empowerment was provided to those most in need and to those most deprived in social and educational terms.

The priority was given to villages and areas of Kosovo whose population was most traumatised, most affected by poverty, having least possibilities for the further education of teachers and other potential helpers. The majority of schools included in the programmes were remote rural schools and the prevailing parts of participants were teachers from village schools.

- g) Accessibility of assistance and its adaptation to local circumstances
Through outreach activities and counselling centres located in small municipalities the assistance to children, parents, and teachers became geographically accessible. Schools were visited by professionals for remedial and psycho-pedagogies activities. The provided assistance, the methods of work and the vocabulary were adapted to the acceptability of the served population.
- h) Psychosocial activities were continuous, when once started in a region they have been continued through different programmes and contents.
Of course, the extent and timing of follow-up programmes depended upon available funds. But QPEA took care not to abandon a region in which it had stepped in. For instance, after the termination of a one year lasting programme for teachers, a new programme on the development of voluntary work in the frame of schools took place in the same region.
- i) The offered psychosocial programmes were comprehensive, covering different needs. This was realised mainly through the multidisciplinary character of activities and the combination of different programmes.
Some examples:
The teams of trainers always consisted of local educational workers, mental health workers (such as psychologists, who were very rare, and psychiatrists) and physicians (family doctors, paediatricians, or other specialists).
Contents of psychosocial seminars covered the whole range of school problems and issues of developmental nature.
The illustration is the standard programme of such a course for teachers. The main topics included:
 - The psychosocial climate of the school and of the classroom;
 - The protective role of the school and teachers for children at risk and for children with psychosocial problems;
 - The relationship between the teacher and the pupils;
 - The cooperation between the school and parents;
 - The impact of poverty and social exclusion of children and families; how can the teacher and the school alleviate the impact of poverty on the child's learning and development;
 - Relationships between peers and the education for pro-social behaviour;
 - School violence and bullying;
 - Learning difficulties, learning disorders – how can the teacher motivate and help the child with learning difficulties;
 - Traumas and losses;

- Children with psychosocial disorders – what can the teacher and the school do for them and with them;
- Children with special needs – what can the teacher and the school do for them and with them;
- The sick child and the child with physical handicaps in school; cooperation between educational and health services;
- The school and the community: cooperation with the community and mobilising external resources for the benefit of children and schools;
- Volunteers helping children with psychosocial and learning difficulties, specially those from poor families;
- Children as volunteers;
- The professional burdens and stresses of teachers and prevention of burn-out;
- Children's rights;

The contents of each module were adapted to the local context and needs expressed by trainers and teachers.

- j) Programmes did not focus on trauma healing only. They were much broader, dealing with various psychosocial problems in childhood such as learning difficulties, bullying, etc. and with new phenomena such as drug abuse. Particular attention was paid to learning and developmental problems stemming from *poverty*.

The aims of a programme focus on poverty:

- Sensitising teachers for the impact of poverty on learning and education of children;
- Empowerment and education of teachers for providing adequate and non-discriminative support and assistance to children affected by poverty and social exclusion;
- Mobilising resources in the frame of school and in the civil society for the assistance of children with various problems;
- To improve the cooperation of parents affected by social problems and the school;
- Prevention of social exclusion of children and educational obstacles stemming from poverty and lack of resources;
- Empowerment of children to cope with adverse life circumstances and social inequality;
- Awareness raising about children's rights among teachers, parents and children;
- Implementation of the idea and practice of voluntary work by children and youths in schools aimed to develop their sense of social responsibility and social participation;
- Linking the school with the community, development of pro-active behaviour of teachers in mobilising local and international resources in order to improve the quality of schooling.

Such programmes can have an important impact on the energy and quality of teachers' class work and especially on the teachers' investment in alleviating some impacts of poverty and protecting children from social exclusion.

- k) Programmes focused on protective factors, resiliency and empowerment
The leading idea was to strengthen resilience, activate protective factors and processes which would increase coping capacities of helpers (for instance teachers) and helped persons (children).

- l) Flexible adaptation to changing needs
Adaptability and flexibility in responding to quickly changing needs for psychosocial and psycho-pedagogic programmes contributed to the huge interest for the programme among the served population.

Good examples are programmes in which *Mine Risk Education (MRE)* was combined with psychosocial programmes treating the reactions of schools in aftermath circumstances of accidents. The programmes were the answer to the identified need for school based MRE programmes in some regions of Kosovo with still existing mines and other explosive objects.

Another example of activities and programmes aimed at the facilitation of the return of refugees and migrants to Kosovo was the international expert conference *“Return and impact - the challenge of good practice in international return programs to Kosovo”* (2008) and the *counselling centre for children and parents in Magura* aimed at the reintegration of Roma children:

Brief summary of the project Counselling centre for children and parents in Magura:

Knowing the huge needs of the region for this kind of help, QPEA decided to start running a branch of its counselling centre in the village of Magura, a place highly affected by armed conflicts and with a multiethnic population structure. The project was generously funded by of the Global Ministries, Uniting Protestant Churches in the Netherlands.

The activities of the counselling centre were first of all aimed to meet the needs of the Roma families, which had returned and were ready to integrate and coexist in the community. According to the opinion of the teachers from the school of Magura, special endeavours were needed to enhance a good coexistence between both ethnic groups, to provide professional and volunteers' help to traumatised children and children with other psychosocial problems and to help Roma children to integrate in the school and the community. During 2004 and from January to June, 2005, in the counselling centre of Magura 172 children and their parents were treated on an individual basis. The main problems of the clients were: psychosocial disorders, traumatisation, learning difficulties, speech problems, hearing difficulties, mental retardation, and health and physical problems such as cerebral palsy. The treatment of clients (assessment, counselling, remedial and other therapeutic activities) and counselling to parents and teachers were run by experts in different fields such as psychiatrists, special pedagogues, speech therapists, psychologists and social workers. 35 children were included in group work. A special advantage of group activities was that the children who took part in remedial or therapeutic groups were of both ethnicities – Roma and Albanian.

Besides receiving professional help, children of both ethnicities were also assisted by volunteers. Young volunteers from the regions of Magura and from Ferizaj were included as helpers of children with difficulties. Young volunteers provided learning assistance to children with problems, and befriended the children in need offering them psychosocial support. Mixed groups of children were taking part in different educative and creative workshops organised by volunteers. Workshops for children run by volunteers enhanced the befriending and the cooperation between Roma and Albanian children.

Activating and monitoring volunteers who helped children with learning and psychosocial difficulties was an important part of the project. The mobilisation of young volunteers in the communities covered by the programme had an important impact on the children and youths, who were volunteering; their volunteer activities helped them to develop a sense of social responsibility, improved their self-esteem and contributed to the positive development of their personalities.

The activities of the counselling centre of Magura proved to be an efficient way towards improving the processes of interethnic integration, increasing the feelings of security among Roma returnees and even contributing to the process of repatriation of Roma families who had left Kosovo in times of armed conflicts. The activities of the centre were very well accepted by the community and by the region. Albanian and Roma families visited the centre frequently after they had realised that they could find people there who were ready to help them without discrimination.

- m) The programmes connected the enhancement of individual recovery and development with social recovery and development.

Some examples:

Multi-ethnic programmes for teachers contributing to reconciliation and stability:

Organising multi-ethnic seminars for teachers was a step in the peace and cooperation building and in fulfilment of the standards concerning the respect of minorities, required from Kosovo by the international community. Starting such joint activities was much easier realised through an NGO approach than through official governmental programmes. Teachers, who volunteered to participate in multi-ethnic programmes, were tolerant persons. They acted as ambassadors in their environments promoting peaceful conviviality and cooperation. In rural environments teachers represent a kind of elite, influencing not only students but also the community as a whole.

The topics of the first seminar were kept as neutral as possible. They were dedicated to topics like learning difficulties of children, how children can be helped, the cooperation between teachers and parents, the sick and the handicapped child in school. Those topics did not raise tensions among participants, as could for example have the topic of the traumatised child. Special topic dealt with burn-out of teachers and its prevention, the influence of the teaching profession on family life and other issues important for the

psychological well-being of teachers, so that teachers would receive something for themselves as well.

The main goals of the seminar were to convey the feeling to the participating teachers that they received something valuable, which would help them in their work and to create a social atmosphere promoting positive attitudes and mutual tolerance.

Launching the ideas and practice of solidarity through programmes of voluntary work:

The aims of these programmes were to structure an organisational, social and conceptual framework, which enables young people to provide assistance to people in need in their communities and create opportunities for social activism of youths. These programmes are an excellent way of promoting participation of youths in their communities and to develop the sensitivity of children for social problems and for the problems of groups with special needs (handicapped, elderly, those with learning disabilities). Young volunteers developed social skills and discovered that they could make a difference through their involvement and efforts (learning by doing). The programme consisted of the training of mentors who monitored and supervised the work of young volunteers (primary, secondary school pupils and university students). Volunteers were involved continuously and worked through the whole academic year, visited their "clients" once a week. An important component was the reflection of the social context in which volunteers worked and their role, which represented civic education of youths.

The programme activated psychosocial resources for helping children in need and for enriching educational, recreational, sports and other activities. On the other side it contributed to the mental health promotion of youths involved as volunteers.

Although the programmes were carried out by an NGO, they have been always tightly linked to governmental structures and institutions at local and at Kosovo/country level - with the school system, health system, university, etc. The cooperation of the NGO with the institutional structures at local and governmental level creates synergies which are an added value in the pool of resources. This cooperation is also important for the sustainability of programmes.

5. Problems with the evaluation and the scientific evidence of the impact of the programme

The effects of broad school based and community based psychosocial programmes are difficult to be assessed and even more difficult to be measured with a methodology respecting strict scientific criteria, particularly the effects on the activation of local resources, capacity building and empowerment of individuals and groups.

The main problem is how to gather scientifically valid proofs that the programme has had positive effects on target groups or covered regions. There are two main approaches to the evaluation: The scientific one based on objective facts which are evidences of the effects of the programme; and the qualitative or interpretative or process evaluation based on views of people being involved in the programme at

different levels and positions (field workers, members of target groups, observers, authorities, etc).

Quantitative data illustrating the scope and dimensions of programmes can be easily gathered. Certainly huge numbers of included entities (teachers, volunteers, schools, regions, etc) can be considered as indicators of high probability concerning the effects of programmes on mental health, psychosocial well-being, coping, quality of life of the population. Among others, these figures speak about the quantity of activated human resources. Outputs (things and events produced by the programme such as seminars, publications, trained professionals) are also tangible goods which can be clearly demonstrated and counted. But neither figures nor outputs are sufficient proofs of the effects of the programme on better coping or mental health or psychosocial well-being of the most important main target group of beneficiaries – persons for whose assistance the programme is first of all meant and conceived, for instance school children. Ironically, in programmes based on a cascade system as are programmes of QPEA (for instance, psychosocial seminars for teachers: first phase - training of local trainers; second phase - training of teachers; third phase - implementation by teachers in their work with children) it is most difficult, if not impossible, to measure the effects on children in a reliable scientific way. This stands for positive short-term effects of the programme which are usually named outcomes, and even much more for long-term changes arising from the programme, usually named impacts.

When dealing with psychosocial issues it is difficult to apply the principle of SMART performance indicators. *Specific* relates to the condition the project seeks to change; in psychosocial projects those are neither sharply defined nor particularly specific. They stretch from less risk factors in psychosocial development, better coping to increased self-esteem, better social functioning, less symptoms and more happiness. The problem with *Measurable* – quantifiable indicators was already discussed in the previous paragraphs. *Attainable* means that indicators can be assessed at reasonable cost, which is not the case in scientifically based evaluations of complex community or school based programmes having manifold and multilayer impacts on individuals, systems and communities. The *Relevance* of information for various stakeholders differs. What might be relevant for field workers might not be relevant for donors. For instance, refugee children from Bosnia functioned very well after a certain time, they had relatively few symptoms of emotional distress. Most characteristic for them were sadness and longing, which became evident in situations evoking emotions. For us – field workers it was important to reduce the sadness in children. It is a question whether this aim would be sufficient for donors who were mainly and sometimes even interested only in presence or absence of PTSD (Post Traumatic Stress Disorder) in children. *Timely* means that indicators need to be collected and reported at the right time to influence the consequential decisions; in psychosocial interventions effects can be delayed as the effects of traumatic experiences can be delayed.

It is understandable that donors and other decision makers want proofs of the attained objectives of programmes. The quantitative evaluation together with the qualitative evaluation and the process evaluation are the most important fundamentals of lessons learned. Only a comprehensive evaluation can provide solid evidence based grounds for “lessons learned”. But, alas, an evaluation of the effects of community based psychosocial programmes in regions affected by armed conflicts which would fulfil scientific criteria of validity, is quite demanding, if not unfeasible. There are many obstacles for obtaining a scientific proof of the effects of the programme.

Practical obstacles such as:

- Not enough funds for carrying out a good evaluation;
- Lack of time and energy in different stake holders;
- Lack of interest with field workers;
- Beneficiaries are not enthusiastic to respond to a great number of questions or they are fed up with questionnaires.

Methodological questions such as:

- What are we measuring with our instruments? It is possible to measure acquired knowledge in teachers attending a seminar, but it is much more difficult to measure the application of knowledge in their everyday work with pupils. It is even more difficult to quantify to which extent the ultimate objectives of the programme such as activating coping capacities were achieved. Measuring symptoms of psychological distress only is a much too narrow and one-sided assessment of the effects of the programme.
- If we don't have a comparative group (and how to find a valuable comparative group?), we can never say which improvement should be attributed to the programme itself and which to the time factor or some other influences.
- Community and school based programmes have broad aims. Among them are the activation of social networks and human resources at different levels (individual, institutional and community levels) and the development of social capital. There is no need to explain the methodological difficulties even when those phenomena are measured in normal life circumstances.
- The next methodological problem is that we do not know which component of our programme actually was efficient. How much of the success is owed to a specific ingredient (for instance expressive therapy) and how much to non-specific components such as expressed concern for suffering people, human sympathy and support or possible spin- off effects of the programme.

Questions of ethical nature such as:

- What should resources (money, time, energies and expertise) be used for in circumstances in which so many people are suffering and there is never enough money to cover the most urgent needs for assistance? Is it right to use those resources for expensive research?
- How to justify the decision of excluding a school or a village from the programme which suffered just as much as the one covered by the programme for the sake of evaluation based on the comparison of a unit covered by the programme with the one which has not been covered?
- What gives us the right to require from people who have suffered and are still suffering to respond to questions which by their nature evoke painful emotions linked with experienced traumas, losses or injustice? This problem is even more pressing when the "subjects" of the assessment are persons not included in the programme, i.e. not receiving assistance.

The qualitative methodology is certainly very helpful in the evaluation of school based and community based programmes. When we want to learn what worked well and what did not, and why it happened in one or another way, qualitative methods are indispensable. In some sense the principle of action research (field research) is always part of any community based or school based programme. There is always monitoring, analysis of the process and consequent adaptation of the programme according to the findings of the analysis. The results of a qualitative analysis are often not considered by decision makers as sufficient proof of the success of the programme. And indeed, there is always the danger of subjectivity of perception and interpretation of the process and its effects.

Sometimes expected outputs of the project proposal are not realistic. High figures of expected beneficiaries can be presented by those who submit the project proposal in order to attract the donors and other decision makers, or due to a lack of insight in the situational, cultural and social context in which the programme should be performed. For example, parents in rural areas are usually not interested in psycho - educational programmes at the start of a programme. Parents' interest should be developed, which literally may take years. The immediate output of the programme might be low (the number of parents attending workshops), but its value lies in developing a culture of cooperation between the school and the parents. This is sometimes difficult to be understood by decision makers who asked for the evaluation. In developed countries knowledge is considered as a value for professional promotion, education provided for free as an economic value. The situation is quite different in less developed countries affected by armed conflicts and poverty in which the culture of education as we practise it in the western world is much less present, and what is even more important, in which there is a much different range of priorities in life tasks.

On the other hand, psychosocial programmes can have important positive spin-off effects which are difficult to be measured exactly. School based psychosocial and psycho-educational programmes are a good entrance for some positive influences on the community such as the reduction of tensions and establishing cooperation between different groups (ethnic, religious, and professional). A good example are programmes gathering teachers of different ethnicities formerly in conflict, in job related programmes on learning difficulties, behavioural problems, burdens of the teachers' profession, etc.

Probably, the evaluation is the feeblest point of community based programmes. However, as astronomers would put it: the lack of evidence is not a lack of existence. In terms of activation of individual energies or energies of networks or organisations, common sense tells us that psychosocial support is an important empowering source. The fact that there is no drop-out of teachers included in long lasting psychosocial programmes, means that the programme is meaningful and beneficial to them. In Kosovo teachers don't earn enough to be able to feed their families. Many of them have additional incomes from doing physical work for other people during weekends and holidays. If they attend the seminar, they can not earn additional money. Up to now, attending seminars has not been a bonus for their professional promotion. So they have not received any tangible benefit, but they should receive some benefits of emotional or moral character which motivate them to attend further psychosocial seminars. The fact that the number of parents looking for counselling in the frame of outreach visits of professional teams to schools increases also speaks for the acceptance of the programme and shows that parents find something useful in it. But, once more, we can not prove scientifically, how much teachers and parents changed their

behaviour and attitude towards and relationships with children. This kind of information is of anecdotic nature or based on observations and individual estimates. And even if we would have what is called objective proof of those changes in teachers and parents, the scientific area of our brain does not know to which extent those changes influenced children. The common sense area of our brain concludes that all what is going on in the process of psychosocial programmes should be in one way or another good and beneficiary for children. If nothing else, programmes reduce suffering and shape a more optimistic vision of humanity and of the world. The question is whether the inputs invested in the programme (money, time, and knowledge) justified the effects, or to put it in another way: could these effects have been attained with less professional and less expensive programmes. Similar questions could also be posed on some other psycho-therapeutic methods applied in mental health services under normal circumstances.

All what has been mentioned does not mean that an assessment and an evaluation is not needed and can not be done. Kosovo is an ideal place for a comprehensive evaluation exercise which could include effects of performed activities at different levels. The country is small enough, the population is rather stable, and QPEA would certainly be glad to cooperate in such a project.

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Mobilising institutional and human resources of the school system

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Abstract. This chapter contains presentations of concrete psychosocial programmes which are school based or tightly connected with the school system: psychosocial seminars for teachers; outreach activities of professionals in schools; counselling centres for children, parents and teachers; and training of schools psychologists. The leading idea of those programmes is that substantial human energies can be activated in the frame of the most universal social system – primary schools including all children aged 6-15. The Kosovo experience shows that investments in the school system are productive and economic.

1. Psychosocial and psycho - pedagogic programmes for teachers – activating first line human resources

Those programmes have been the most important part of the activities run by the Centre for Promotion of Education (QPEA). The great majority of schools in Kosovo have been included in the programme and it could be said that the schools in which QPEA has not yet been known in Kosovo are rare. The educational activities of QPEA had the character of wide spread on-the-job training courses providing psychosocial and psycho-pedagogic training for school workers.

Programmes were aimed to empower teachers to act as psychosocial helpers to children affected by war related psychological harms and by post conflict adversities. The other not less important aim was to prepare and motivate teachers for creating a secure, simulative and pleasant class atmosphere for all children. So, those programmes represent in a way the realization of principle “mental health and psychosocial well-being for all children” through:

- Providing to all children at risk and children with psychosocial or learning disorders possibilities for support and assistance;
- Promoting and protecting mental health and psychosocial well-being of all children through a good quality of class atmosphere.

Local professionals were trained to hold seminars and other educational further training activities for teachers. With time running, psychosocial educational activities in schools started to embrace also parents and children.

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Programmes for teachers have different forms and contents:

- Long psychosocial programmes;
- Short psychosocial programmes;
- Psycho-pedagogic programmes;
- Art therapy programmes;
- Strengthening coping capacities of children through sport;
- Seminars for teachers and community players;
- Mine Risk Education combined with psychosocial programmes;

1.1. Psychosocial programmes for teachers

Psychosocial programmes for teachers are the most basic and most extended activity of QPEA. They range from one year lasting programmes consisting of four three day modules (long lasting psychosocial programmes) to one day seminars and workshops run in schools (short psychosocial programmes).

Objectives of psychosocial seminars:

- Reducing educational and psychosocial problems stemming from armed conflicts, poverty and other social adversities;
- Prevention of psychosocial disorders and learning problems;
- Reducing the suffering of children and improving their well-being;
- Capacity building, education and empowerment of local professionals for the protection of children's mental health;
- Education and empowerment of teachers for providing basic psychological and psychosocial and psycho-pedagogic assistance to children in need (traumatized children, children with psychosocial problems, children from dysfunctional families, children with learning disorders, children with special needs, socially disadvantaged children, children with health problems, handicapped children etc.);
- Education and empowerment of teachers for the creation of a safe, supportive and motivating climate in their schools and classrooms;
- Empowerment of teachers to cope with their own losses, traumas social adversities and job related difficulties;
- Improvement of the psychosocial climate and learning conditions in school and contribution to the implementation of modern methodology of teaching in schools;
- Enrichment and improvement of the functioning and ethos of schools in general;
- Development of the mental health protective role of schools and teachers;
- Enhancement of the cooperation of schools with communities and mobilization of needed resources in the frame of the community;
- Improvement of interethnic relationships through developing cooperation among teachers from different ethnic backgrounds living in Kosovo and contributing to the country's social stability.

Reasons and justifications of psychosocial programmes for teachers:

- Primary schools are most universal social institutions, embracing all children aged six to sixteen years;
- The school is an important part of any child's social environment. The child spends a considerable number of hours for five to six days weekly at school. The school is the resource of multiple positive and negative experiences and social learning, which considerably shape the feelings, behaviour and development of the child;
- A safe and protective psychosocial climate is beneficial for all children; it represents an important positive everyday life experience, enhancing children's coping capacities and healthy psychosocial development;
- All children having problems (trauma, special needs, etc.) can be assisted in schools. Children, who could never receive help from mental health services, can be significantly supported by their teachers or by other helpers (volunteers, professionals within the framework of outreach activities in schools);
- Teachers spend several hours daily with their pupils and are a part of children's everyday life environment, in consequence they can have an important protective and healing impact on their pupils;
- Teachers know their pupils and their life circumstances. They can identify problems and provide some assistance to children in the frame of the school, by advising and supporting parents, or by mobilizing resources outside of school;
- Teachers have pre-knowledge of psychosocial and psychological matters and enormous practical experience in solving related problems;
- The majority of teachers are well intended and devoted persons, willing to help children in need; they know their pupils very well and can recognize those who are at risk and those showing signs of distress;
- The majority of teachers are ready to act as psychosocial helpers for children in need beyond narrower educational tasks defined by their professional role.

The theoretical and educational bases of the program:

- The theoretical frame of the programme is deriving from system theories, cognitive – behavioural theories, psychodynamic theories, group dynamics and recent knowledge on traumatic processes;
- The comprehensive approach of the programme is mostly based on a system of theory highlight the interdependence of various individual players and organisational entities inside the school as well as the interrelationship and need for cooperation between the school system, the family system and the community;
- Theoretical concepts presented by international experts are close to the concepts characteristic for the culture, religion;
- A common body of knowledge and know-how is built in the process of cognitive and emotional interactions; it synthesizes local experience and wisdom of teachers and the imported new knowledge and information;

- The programme is wide-ranging, not focusing only on war-related traumas, but on the whole range of psychosocial and learning problems;
- The programme emphasizes on positive aspects: coping, resilience, protective factors and processes; it tries to avoid the development of victimization and learned helplessness in children as well as in teachers;
- The psychosocial role and protective role of the school is emphasized;
- The intention of the training is to equip teachers with basic skills for helping children, appropriate for the use in the school setting; some of those approaches and skills are applied on the individual level, others on the group level;
- In teaching different psychosocial techniques, trainers are cautious not to neglect or underestimate the most important psychological component of the helping process: the relationship between the teacher and the pupil;
- The trainers are aware that the teachers have a lot of experience on dealing with children with difficulties and in managing critical situations in the classrooms; therefore they have to be given enough opportunities to present and demonstrate their own philosophies and strategies and share examples of good practice with their colleagues;
- Self-government in the learning process: participants are actively involved in decisions taken concerning the programme;
- Active participation of attendees in the process of developing and running the programme (the focus is on participatory activities such as discussions, group work, role-play);
- Exchange of experience and reflection are the basis of mutual learning;
- Teachers have enough time and opportunities to speak about their own traumas and job – related problems, attention has to be paid to their distress and difficulties;
- Emotional and social processes going on in the programme are even more important than intellectual and cognitive learning.

The main topics of the seminars:

- The school system and its links to the environment;
- The protective role of teachers and school for children at risk;
- The psychosocial climate in the class;
- The family system and the school system, cooperating with parents;
- Relationship in the triangle: teacher-pupil-parents;
- Trauma and loss;
- Motivation for learning;
- Learning difficulties, school failure and drop-out;
- The child with special needs;
- Most common school related psychosocial problems (the hyperkinetic child, the aggressive child, the social isolated child, the depressed child)
- Most frequent psychosocial problems in adolescence;
- Fear of school and school phobia;
- The sick child and the physically handicapped child in school;
- Relationship among peers and bullying;

- Education for pro-social behaviour and development of voluntary work of children;
- The impact of poverty on learning and development and possibilities of prevention;
- Mobilising resources for children in need and for the school;
- Cooperation of the school with the community;
- Job related burdens and stresses for teachers, burn-out syndrome and coping strategies;
- Relationship among members of the school staff;
- The teachers, their work and their families;
- School based voluntary work of children;
- Children's rights;
- Group work;
- Role play;
- Relaxation exercises.

The topics to be addressed are always discussed beforehand with the local trainers during the preparatory training of trainers. The contents and the programme are adapted to local and current needs.

Some programmes focused on particular problems, for instance the possibility of school to alleviate the impact of poverty on education and development. Sometimes they are joined with activities of great importance for the region, as is the programme "Mine Risk Education in the frame of psychosocial seminars".

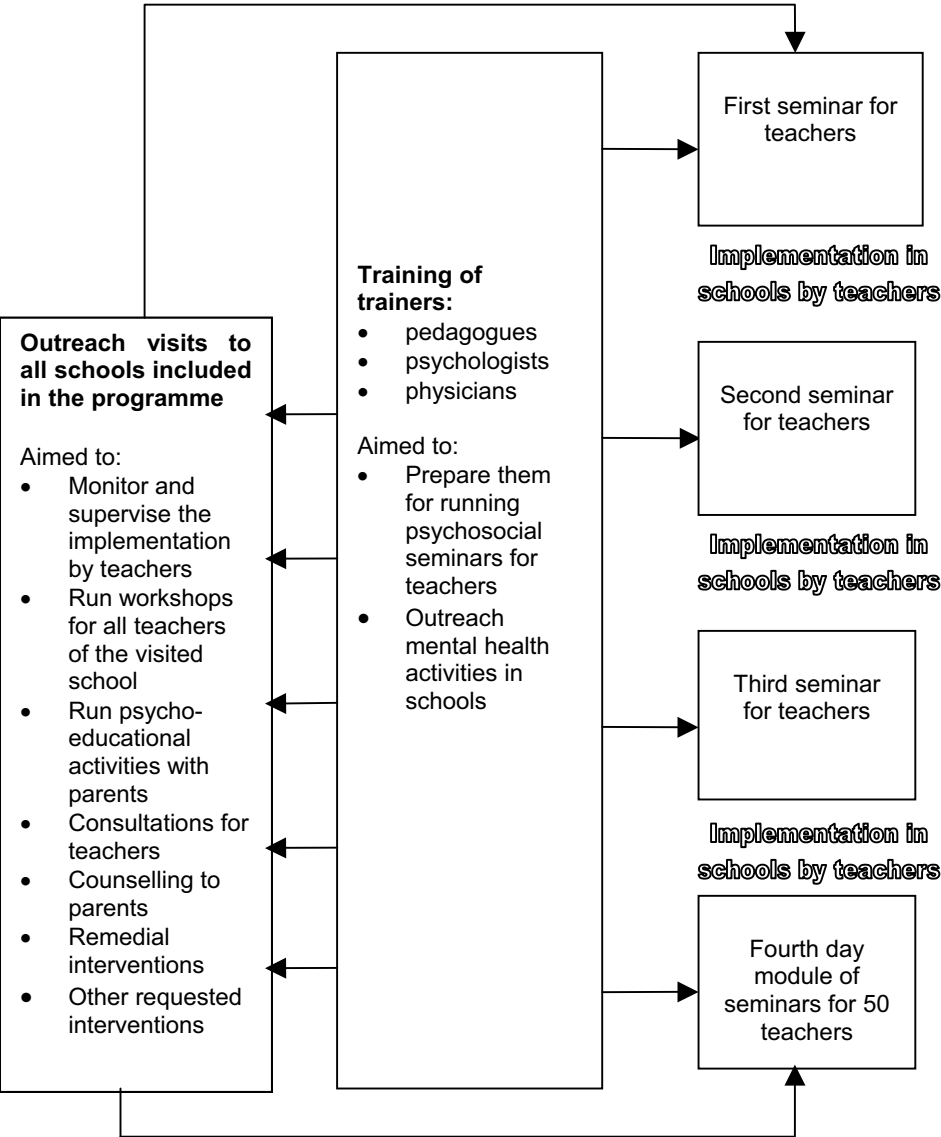
Activities of long programmes:

- Training of local professionals (pedagogues, psychologists, medical workers, etc.) to act as trainers of psychosocial seminars for teachers (lecturing, moderating group work, role-play, relaxation and expressive exercises, etc.); to monitor the implementation of activities in schools by the teachers who participated in the programmes; to hold workshops or lectures with group work for all teachers in included schools and to provide remedial interventions for children with severe problems and counselling for their parents and teachers in the frame of outreach visits to schools in villages;
- Four modules or sometimes three modules of three day lasting seminars attended by the same group of 50 teachers from 10-15 schools;
- Implementation of acquired know-how and knowledge by teachers through the regular everyday work in schools and through some particular activities;
- Visits of local professionals-trainers to included schools;
- Spin-off activities.

One day psychosocial seminars for teachers:

They are held in the frame of outreach visits of local professionals to schools included in psychosocial programmes for teachers. Many of those seminars are held by counselling centres for children and parents. Sometimes they constitute the main activity of a school based psychosocial programme.

Scheme: Activities of psychosocial programmes for teachers



1.1.1. Quantitative dimension of psychosocial programmes for teachers

The programmes have been covering a critical mass of schools and teachers with special concern to include teachers from remote villages, villages most affected by armed conflicts, and economically most deprived regions of Kosovo.

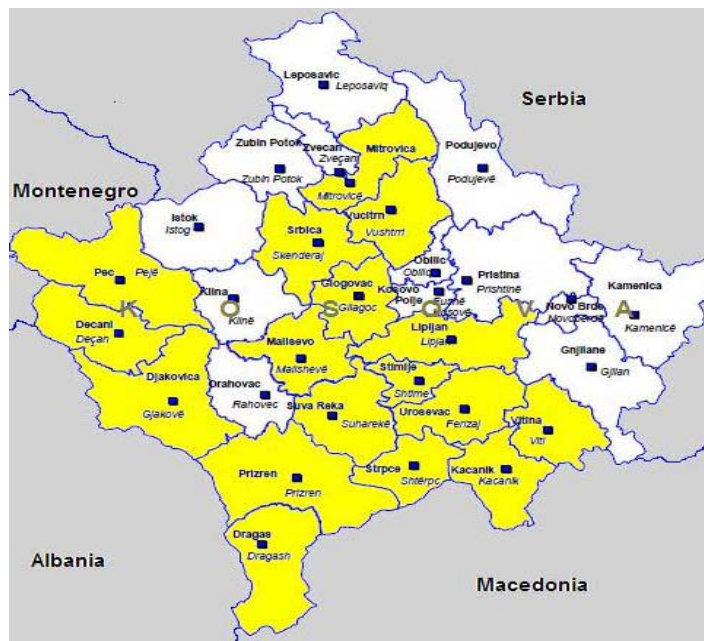


Figure 1. Territory in Kosovo covered by psychosocial programmes for teachers since (2000 – 2009)

Table 1 presents some quantitative data and provides an idea on the meaning and impact of psychosocial seminars on the educational system of Kosovo:

Table 1. Target groups and beneficiaries of psychosocial seminars for teachers (2000-2008)

| Groups/entities | Number | Comments |
|--|-----------------|--|
| Schools | 340 | Primary schools included in extensive psychosocial programmes for teachers. |
| Local professionals | 64 | Educational workers, physicians, psychologists, speech therapists, etc. trained for running psychosocial and psycho-pedagogic courses with teachers, running outreach counselling and remedial activities in schools and for developing school based models of child mental health protection. |
| Teachers participating in long programmes | 3,300 | Teachers were attending four or three modules of three day psychosocial programmes. |
| Teachers participating in short programmes | 6,310 | Teachers were attending 2-3 one day psychosocial or psycho pedagogic workshops run in the frame of outreach visits to schools. |
| Teacher participating in psycho-pedagogic seminars | 1,720 | One day lasting seminars for groups of 100 teachers held by Bonnie Miller. |
| Pupils in included schools | Approx. 160,000 | All pupils were indirect beneficiaries of the programme (changing ethos at school, voluntary work, etc.). |

| | | |
|---|---------------|--|
| Pupils with difficulties (estimated numbers) | 2,470 | Among pupils in included schools there were about 20 per cent (estimation based on relevant epidemiologic data) of children with difficulties for which some kind of psychosocial or psycho-pedagogic assistance was needed and was provided by trained teachers or visiting professionals. |
| Parents participating in workshops, lectures, parents' meetings | 3,350 | Parents were targeted by the programme at two levels: all parents as recipients of information and awareness raising in the field of psychosocial development of their children, and parents of children with difficulties who were supported by teachers and counselled by professionals. |
| Parents benefiting from the aid of the teacher to their child | Approx. 2,000 | |
| Communities | 473 | Communities were indirect beneficiaries of the improvement of the schools' functioning and of the prevention of psychosocial disorders of children and youths. |
| Kosovo at large | | Development of a good model of child mental health protection appropriate for circumstances and the context of Kosovo and other regions facing similar socio-economic difficulties and lack of services for child protection; Supporting and enhancing the modernisation of the school system. |

1.2. Psycho-pedagogic seminars

These programmes consisted of one day seminars organised all over Kosovo and held by Bonnie Miller (USA). As her seminars dealt with highly important issues for the psycho-educational process and as about 2,500 persons attended them they had an important impact on the quality of education in primary schools in Kosovo.

An important added value of the programme was the literature on the topics of the seminars by Bonnie Miller whose books were translated in Albanian and distributed to teachers who took part in the programmes.

Bonnie Miller described the programme as follows:

Aims: after a decade of educational repression and a year of war in the 1990s, Kosovo has emerged as an independent country ready to tackle the challenges of the 21st century. One of the primary ways this fledgling country can address the political, economic, and social tasks that will enable it to become a successful member of Europe and the world is to modernize its educational system. Part of this undertaking involves restructuring the curriculum and utilizing the most effective and relevant textbooks and cutting-edge technology.

Another major challenge is the human side: to help educators equip their students to reach their full intellectual, social and leadership potential in order to become the next generation of citizens, workers and leaders in Kosovo. The aim of QPEA's educational seminars and teacher training programmes is to bring educators together to discuss and implement strategies that modernize education and to identify and help students with social, emotional, learning and attention problems.

Methodology: from 2004-08, 24 multimodal, multimedia one- and two-day workshops were presented by the American educator, social worker, and author Bonnie Miller for educators in all parts of Kosovo and some Albanian-speaking areas of Serbia and Macedonia under the auspices of QPEA. In addition to training school personnel,

seminars were also conducted at all universities throughout Kosovo for future teachers and their professors.

Conducted in Albanian language (and two seminars for minorities in Bosnian language) for teachers, school directors, Ministry of Education officials, and mental health professionals, these seminars employed power point presentations, small group work, discussion, role-plays, hands-on activities, and videos to provoke thought and stimulate action on a range of relevant topics.

Content: using the above methods along with Bonnie Miller's manual for educators, *Connecting with Children in the Classroom*, and her parenting manual, *Communicating with Children*, the workshops focused on the various levels of establishing an effective educational system. Starting with the *child as an individual*, the seminars shed light on the factors affecting children's experience in school: temperament, family situation, intelligence (including emotional intelligence), learning style, social skills, learning and attention problems, strengths, weaknesses, interests and talents.

The next level dealt with the *teacher-student relationship* and the socio-emotional climate in the learning environment. Many suggestions were offered to help teachers and administrators create a constructive atmosphere that enhances motivation, self-esteem, positive peer relationships, and academic performance. Instead of concentrating exclusively on memorizing facts, schools should emphasize the development of the whole child (cognitive, emotional, social, physical), motivating present and lifelong learning, and creating an ethos of collaboration and support

The section on *pedagogy* focused on helping children learn by experiential and interactive approaches that are relevant to student life experiences and interests. In the seminars as well as through Ms. Miller's education manual, teachers were introduced to a variety of stimulating activities through which students can gain knowledge and skills from their teachers, peers, materials, and community. By studying not only facts but delving to the deeper levels of concepts and values, students learn to analyze information and use resources to seek out new knowledge and apply it in innovative ways. Emotional intelligence and social skills such as communication, empathy, self-control of emotions, and conflict resolution were introduced as competencies that can be taught alongside academic subjects. The goal of education was viewed as committing minds to inquiry, hearts to compassion, and lives to the service of mankind. The motto of "Schools should raise good people, not just good students," highlights the role of students as community members and citizens.

Finally, the concept of the school as an integral part of the community was discussed. The crucial *home-school connection* emphasizes cooperation between parents and educators and communication methods that teachers can use (demonstrated by role-play) to strengthen this important teamwork.

The next part of the workshop dealt with specific problems of children: *learning disabilities and attention deficit disorder*. Because these students have intellectual capabilities in the normal and sometimes even superior range (in contrast to youngsters with mental retardation and other developmental disabilities), they remain in the regular classroom. Drawing on Bonnie Miller's video and accompanying teacher guide, *I Can Learn*, workshop participants examined the challenges of educating these students in their classrooms. They were provided information on recognizing the characteristics of learning disabilities and attention deficit disorder and using a variety of techniques to educate and encourage students with these difficulties. Because learning disabilities and attention deficit disorder don't just affect the child's academic

performance in isolation, teachers gained an understanding of how these neurological problems can also impact social and family relationships as well as the emotional reactions of children.

The workshops ended with small group work to discuss how to put these new philosophies and initiatives into action to transform the individual classroom, school climate and the educational system as a whole. The participants discussed their responsibility for sharing the information and materials from the seminar with their colleagues and encouraging them to adopt new attitudes and teaching strategy.



Figure 2. Regions of Kosovo covered by psycho-pedagogic seminars for teachers and students

1.3. Art therapy

The aim of the programme was to enable teachers to basically recognise feelings, expressed in children's drawings and to use drawings as a tool for discussing psychosocial topics with children and for remedial activities. The activities of the project lasted from 2006 to 2008.

Included in the programme were:

- 45 schools;
- 90 teachers;
- 270 pupils who went through workshops of art therapy;
- 1,000 indirect beneficiaries (pupils, teachers and parents) who got acquainted with the concept of art therapy.

1.4. Sport activities as a means of empowerment of children

The main aim of the programme was to improve the health, psychosocial and educational development of children through physical activities. Six primary schools took part in the programme:

- 18 teachers for physical education and sports were trained in a three day preparatory seminar;
- During the implementation they attended a one day training session four times;
- The implementation in schools by trained teachers consisted of workshops with children and workshops with parents
- Monitoring visits by sports experts from France and by QPEA experts.

The programme lasted for two academic years (2006-2008).

1.5. Seminars for teachers and other community players

Those programmes are organized by the OMEGA – Health Care Center Graz, Austria. Programmes have run since 2004. They are organised for Albanian teachers and for teachers of ethnic minority backgrounds. Among participants are representatives of the regional educational and political system: representatives of NGO and the media. Each ethnic group (Albanian, Bosniaks, Gorans and Turks) attends three one day seminars. The fourth multiethnic seminar is organised for all groups together and enables multiethnic exchange.

The main topics dealt with are poverty and its impact on education and mental health; school violence and its prevention; problems of minorities highlighting specific problems of integration of children from minority groups; prevention of discrimination; return of refugees with particular focus on return of minorities and their reintegration into the community and society; school and community based voluntary work.

1.6. Mine risk education in primary schools and prevention of psychosocial consequences of disaster

This programme is comprehensively described in the following chapter of this book.

1.6.1. Multiethnic seminars

Over the past three years there has been a strong emphasis on running multiethnic seminars which have an added value because they re-establish or enhance cooperation among minorities. Such seminars contribute to stability building and are of special importance for the present situation in Kosovo. An important justification is that teachers, particularly in rural areas, are influential persons as opinion makers, and the school is the most important social fabric shaping the attitudes and behaviour of the young generation. QPEA is looking for ways of funding such programmes.

The multiethnic seminars have different contents: psychosocial, psycho-pedagogic mine risk education. Certainly multi-ethnicity represents a new quality of work of QPEA contributing to reconciliation and stability. Representatives of all ethnic

minorities in Kosovo, Albanians, Bosniaks, Gorani, Roma, Serbs and Turks have so far participated in the seminars.

1.6.2. The impacts of the programmes

The listed benefits of the programme are extracted from questioners filled by teachers and from interviews from school administrators.

Impact on teachers

Among the most important impacts on teachers are: their feelings of being acknowledged for what they do, to be respected for their experience and wisdom, to receive gratification stemming from the possibility to express oneself and to be listened to and to be considered, to feel secure in the group and respected by the local and international trainers. Such experiences have a strong motivational impact on teachers and help them to mobilise their energies for implementing the good practices learned in their work with pupils and to introduce certain innovative approaches.

Some statements by teachers:

- Receive professional support and help in solving their everyday problems with pupils;
- Place their knowledge and experience in a theoretical frame;
- Receive feedback on their pedagogic practice and efforts;
- Receive the message that they do many things well and receive a message of respect which increases their self-esteem and motivation;
- Gain distance towards everyday problems;
- Gain a better understanding of the dynamics of the classroom, behaviour, emotions and reactions of pupils;
- Gain a better understanding of the causes of problems (for instance reading and writing difficulties in children, hyperactivity);
- Learn new approaches and strategies for helping children, and for mastering class problems;
- Learn practices from other colleagues;
- Learn new methods such as group work, role-play, expressive techniques, etc.;
- Learn through practice about interactive methods which are being introduced in schools in the frame of school reforms (which are taking place in many countries in the post-war period);
- Change their attitudes;
- Restore their energy and creative potentials;
- Better coping with their job demands;
- Meet new people and exchange their experience with them;
- Break their professional isolation by coming into contact with colleagues with similar problems;
- Establish networks with other professionals and use these connections in helping their students and parents (for instance connections to health workers);
- Learn to appear and speak in public and to have a voice.

Impact on children:

- Schools with a good psychosocial climate, in which children feel at ease and safe, contribute to the quality of the everyday life of children;
- Additional recreational activities, play and other activities make school more pleasant;
- Teachers help parents to understand their children and to answer in a more appropriate way to children's needs;
- Spreading knowledge about children's needs in the community at large and looking for appropriate answers improves the development of children;
- By including a wide range of schools and teachers, the programme has a general impact on the community (it is not just a drop in the ocean).

Impact on cooperation between teachers and parents:

- Teachers are equipped with know-how needed for establishing a partnership in the cooperation with parents;
- Parents are engaged as a resource of assistance to the school;
- The participatory role of parents in the management, organization and educational strategies of the school is developed and the development of the Councils of Parents is encouraged.

Contributions to the quality of schools and to the reform of the educational system:

- Teachers, schools and the whole school system is sensitised to the special needs of children and the social responsibility of the school for the protection of children at risk is increased;
- Teachers and other school workers are equipped with fresh knowledge in the psychosocial sphere, in the field of motivation, difficulties in learning, etc.;
- Excellent opportunities are given to teachers to learn through practice the methods of interactive learning, group work, team work, project work and other modern methods of teaching which form the basis of the school reform.

Impact on the community:

- Sensitization and knowledge about children's emotional needs, psychosocial development and problems transmitted by media and newspapers;
- Community has better schools;
- New services, for instance, counselling centres for children and parents;
- Activated community resources for psychosocial programmes;
- Organised voluntary work as a resource and model of solidarity;
- Development of the NGO sector;
- Inter-sectorial cooperation.

School based programmes are tightly connected with different groups and communities at large, as presented in Figure 3.

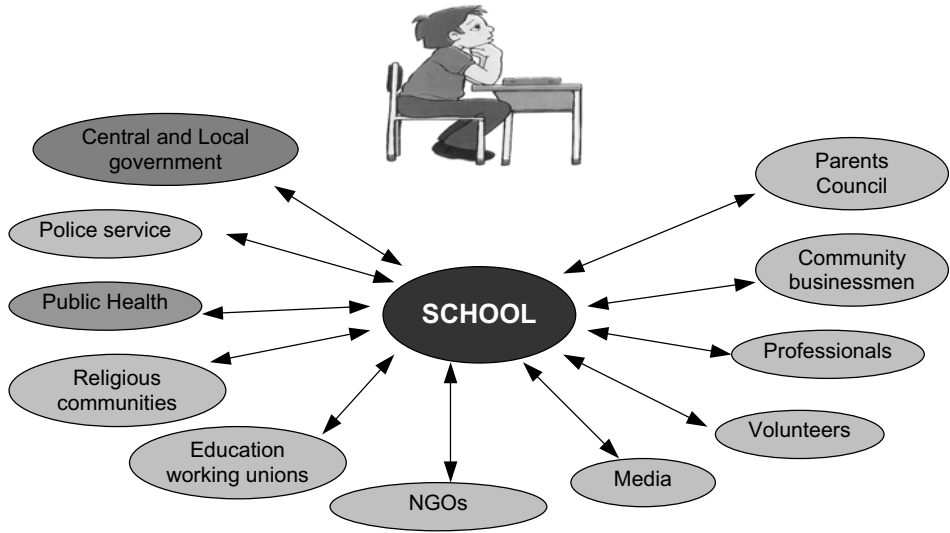


Figure 3. School – community relationship

Sustainability:

If foreign donations will cease, in the present economic and social circumstances of Kosovo, we can not expect that same programmes will continue. However, the partial sustainability of initiated school based programmes is assured through:

- The know-how and knowledge of a huge number of local professionals and teachers are a permanent good which they will use in their further work even without special programmes;
- During eight years of activities, the programme influenced attitudes of people concerning psychosocial issues in children (information, sensitizations for the needs of children, de-stigmatization of the use of help for psychosocial problems of children, etc.);
- The programme has developed spin-off effects – processes and activities which are no more linked to external funding, as published literature, broadcasted emissions, the development of community based and school based voluntary work;
- The impact on children's recovery, coping capacities, psychosocial development is certainly a permanent good.

2. From horizontal to vertical up building of mental health protection: Counselling centres for children and parents

Counselling centres for children, parents and teachers are an upgrading of psychosocial seminars for teachers and outreach visits of psychosocial professionals to schools. Many teachers were taught to recognise problems of their pupils and to provide basic low profile, but nevertheless important assistance to their pupils. But teachers became also aware that some pupils had severe disorders which could not be remediate by the teacher's assistance. So teachers started to request referral addresses where their

students could receive professional treatment. The expressed requests and the lack of specialized service triggered the initiative for creating counselling centres in 2003.

2.1. Why counselling centre in small localities?

A commonly applied procedure of mental health interventions in areas affected by war is to first create specialised service (some kind of outpatient clinic) for children in need and their parents. In spite of the huge number of children who need psychological or psychosocial assistance, such specialised services in many cases do not serve the expected number of clients. Besides, usually only a minority of clients is suffering from serious war related disorders; other clients have less serious problems, which could be treated in health care services or by school workers. Briefly, the exploitation of the most specialized and most expensive services is not economic. A specialized service when created first has good chances to not function as expected, because it is neither rooted in the community nor sufficiently imbedded within relevant basic structures. Such a situation is caused by a variety of factors:

- Prevailing negative attitudes toward psychological and psychiatric institutions and professions among the population;
- Priorities in which psychological and psychosocial problems of children are at the end of the list as other needs are much more important (food, security, physical health, etc.);
- Lack of practical possibilities (money, transport, time and energy) of parents for bringing the child to the mental health service;
- Potential users are not recognizing the gains, which could be obtained through treatment;
- Lack of referral from schools and primary health care services;
- Parents start to bring the child for treatment but they do not obtain tangible benefits (“it does not help”, “there is no use”) and they drop out.

Based on the experience of Kosovo and other countries, a bottom-up approach in the development of child mental health protection is strongly recommended. This means to start with the development of a basic psychosocial protective network (schools, primary health care services, volunteers, etc.), which will be able to identify children with problems and provide low profile, although for many children efficient assistance. This network will later act as a referral base for professional treatment in child mental health services. The establishment of those should be the next step of community based psychosocial programmes.

Counselling centres together with outreach activities approach the population. They are a form of proactive mental health protection and provide acceptable, accessible and affordable services.

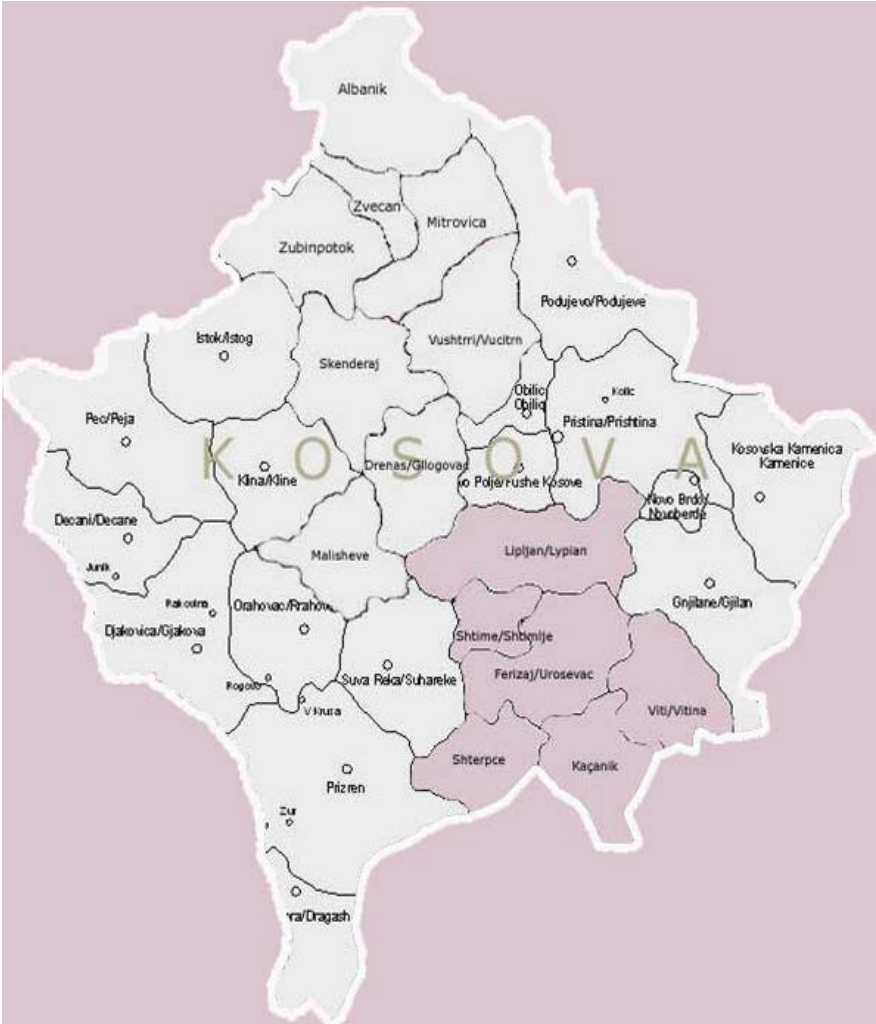


Figure 4. Regions covered by counselling centres in Kosovo

2.2. Functions of counselling centres

- Treatment of children with psychosocial problems and disorders, children with special needs, and counselling for their parents and teachers;
- Education and empowerment of teachers, health care workers and other professionals working with children for psychosocial assistance to children;
- To raise awareness about children’s emotional, psychosocial and developmental needs in the community at large and spread among parents and other care takers relevant information;
- To develop a model of community based multidisciplinary service with multi modal interventions appropriate for the circumstances of Kosovo.

2.3. Beneficiaries

Table 2 indicates the number of children, parents and teachers treated in the centres since 2003.

Table 2. Number of children, parents and teachers receiving help in the central units of counselling centres

| Beneficiaries of the counselling centres: | Number |
|---|---------------|
| Counselling centres in Kosovo | 8 |
| Total number of treated children | 2,281 |
| Total number of counselled parents | Approx. 2,500 |
| Teachers | 519 |

2.4. Main activities of the counselling centres

The experts working in counselling centres are medical, psychosocial and pedagogic professionals: psychologists, psychiatrists, paediatricians, social workers, pedagogues, speech therapists and special teachers. In each school covered by the activities of counselling centres there is a teacher, who is the coordinator – liaison officer between the school and the professional team of the counselling centre.

The central unit in Ferizaj has its branches in seven villages. The net is enlarged with outreach activities in village schools, according to Figure 5.

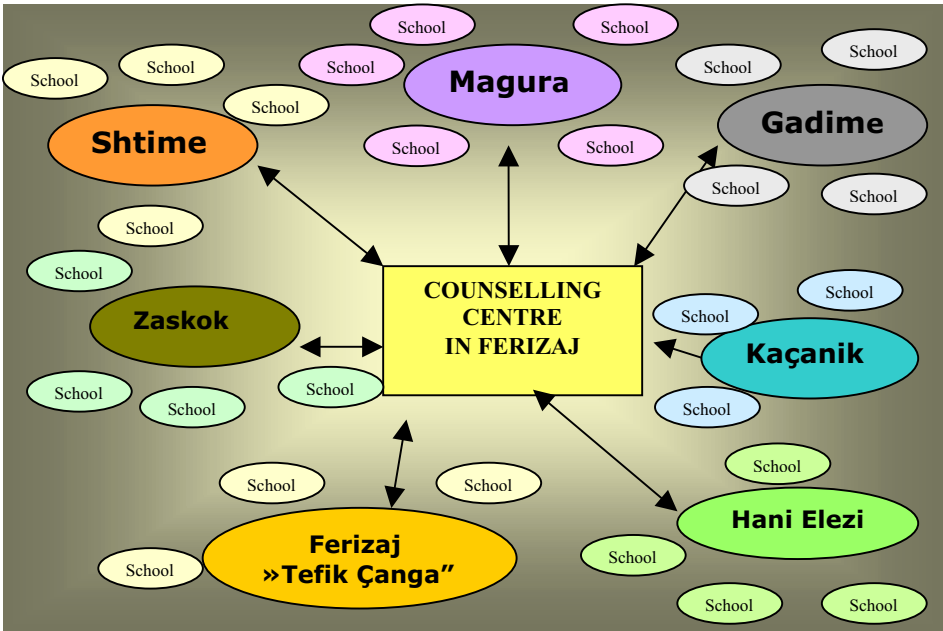


Figure 5. The counselling centres in Ferizaj, its branch unit and schools covered by outreach visits

Main activities:

- Treatment of children with psychosocial problems, traumas, learning disorders or special needs and counselling for their parents/caregivers, teachers and other involved adults, who are clients of the central unit;
- Summer schools for children with learning and psychosocial difficulties;
- Educational activities in the field of child mental health protection for school workers, health workers and volunteers;
- Public appearance aimed to sensitise the community for the needs and rights of children and mobilise the community's resources in the best interest of the child;

a) The central units of the counselling centre

See Figure 6.

b) Outreach activities in villages and town schools

- Assessment and counselling is provided for children and parents who cannot or will not come to the central unit;
- Counselling is provided for teachers of children with problems and case management by teams consisting of the child's teachers and visiting mental health professionals are performed;
- Mental health professionals meet groups of parents, have some lectures for them, run group discussion and workshops;
- During each visit to schools some educational activities (lectures, seminars for teachers, workshops, etc.) for all teachers of the visited schools are run; the content and the scope depending upon the expressed needs of the school and upon organisational capacities;

c) Summer schools

Summer schools are run during the summer holidays by volunteers under the mentorship of teachers and professionals from QPEA. The main contents are: English courses, assistance to children with learning difficulties and school failure. These courses proved to be an efficient way of preparing children with learning difficulties for the following academic year.

d) Coordination of activities between the respective counselling centres and schools

Coordinators in schools are teachers responsible for the cooperation of the school with the central unit. They are organisers, mediators and messengers between the counselling centre and the school. They are usually, but not necessarily, also mentors of volunteers working in their schools. Coordinators have been educated in various psychosocial trainings. Their work is monitored by QPEA professionals working in the counselling centres.

The main tasks of school coordinators are:

- Transmitting needs, wishes, suggestions of the school to the counselling centre;
- Organizing visits of mobile teams to schools;
- Identifying children in need for assessment/counselling /other assistance;

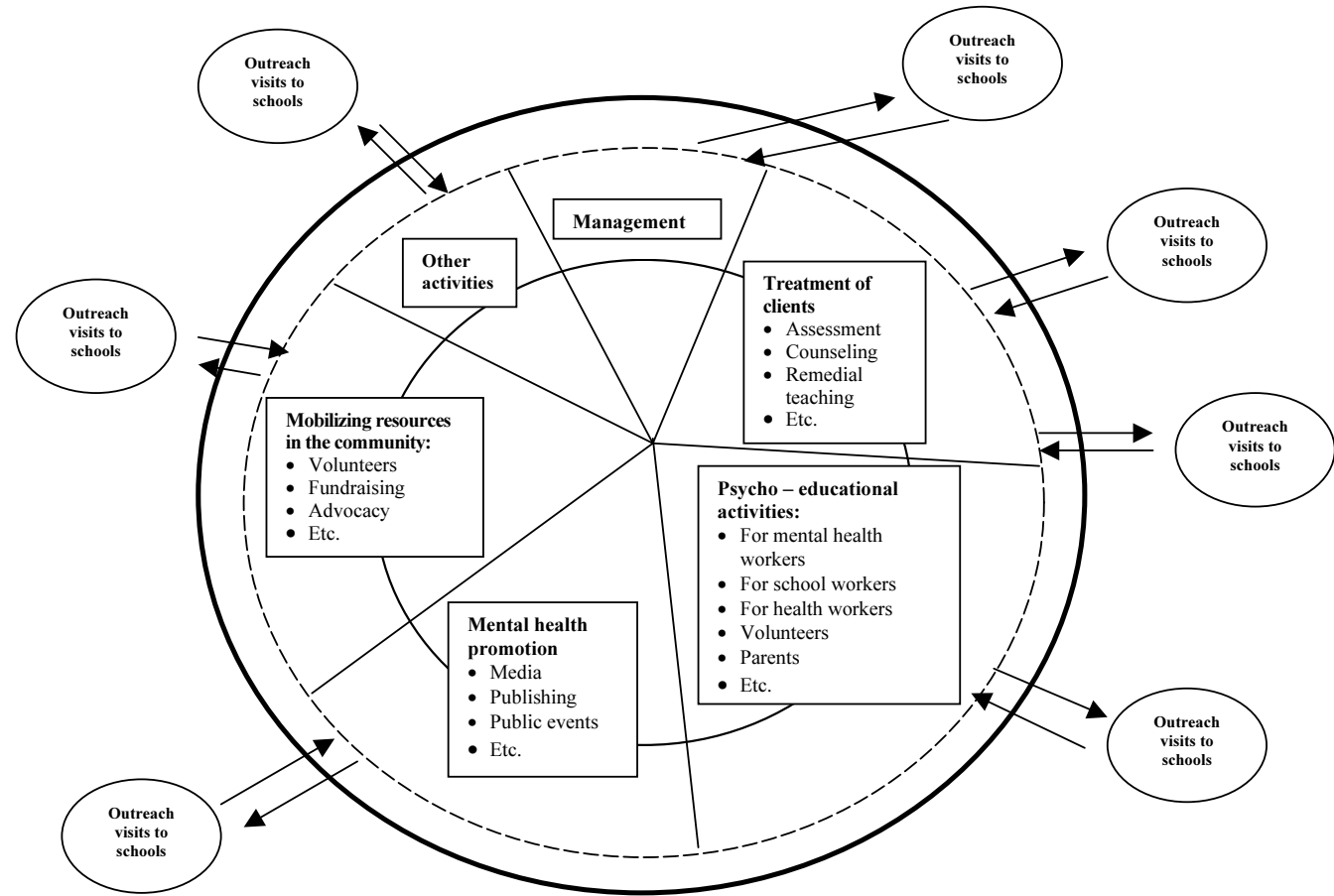


Figure 6. Activities of the Counselling Centre

- Preparing and organising encounters of mental health professionals (mobile teams) with children, parents and teachers in the frame of the school;
- Other agreed activities.

e) *Psycho-educational activities*

In the frame of the counselling centres multiple psycho-educational programmes are run. Most important activities are: training for the professional staff working in the counselling centres; training for school coordinators; training for mentors of volunteers; training for teachers; training for volunteers; lectures with discussion and workshops for parents in schools and in counselling centres.

f) *Voluntary work:*

Volunteers are involved in helping (befriending, teaching, organizing leisure time activities) children treated in the counselling centres. Volunteers are also included in outreach activities: volunteers from towns (mostly high school students) visit village schools and run some activities with children like English or computer courses, recreational activities, group work, etc.

Volunteers are supervised by mentors who are local teachers – trained for their function or by psychosocial and pedagogic professionals.

g) *Co-operation with the community*

- Campaigning and lobbying for children's rights and well-being through public events;
- Spreading contemporary knowledge and practice of favourable upbringing of children in families, in institutional settings and in the frame of organised activities for children;
- Developing the culture of inter-sectorial cooperation among various systems of child care and protection (educational, health, social welfare, etc.);
- Activating resources of the civil society (NGOs, volunteers) to act in the best interest of children.

2.5. Outcomes and impacts

- A substantial number of children with psychosocial problems, traumatised children and children with special needs receive professional assistance;
- Many children receive educational and psychosocial assistance by volunteers which improves the overall school achievements of pupils in the region;
- Prevention of psychosocial disorders and learning problems;
- Assistance to teachers in dealing with children having serious problems;
- The community is sensitised for the needs and rights of children and community resources are activated on behalf of the children.

2.6. Sustainability

The sustainability of the programme is:

- Therapeutic effects on children with consequent positive influences on their psychosocial development;
- Acquirement of experience and knowledge by local psychosocial and pedagogic workers, who will use their expertise in their future professional work;
- The same applies to numerous teachers who have learned much about the psychosocial and psycho-pedagogic assistance to children;
- The initiated volunteer movement has a high probability to persist in future;
- The developed close cooperation between local professionals of different disciplines, particularly between school workers and health care workers, in assisting children and families with psychosocial problems, is most likely to persist.
- The connections of counselling centres with the University of Pristina are processes promising the duration of implemented practices and know-how.

Other regions in Kosovo, not yet covered by the existing counselling centres expressed their wish and intention to develop similar services. Of course, the realization of those initiatives depends on the economic development of the region

3. The principle of equity and accessibility realized through outreach visits of psychosocial and psycho-pedagogic teams to schools

Outreach visits to schools, particularly to remote schools in rural and poor areas of Kosovo are among the most important activities through which the principles of equity and accessibility of resources for psychosocial assistance are put into practice. Many parents in Kosovo have no money to take their children to see specialists in health or mental health services in towns. Many of them are not even aware of the existence and benefits of such services; many are ashamed to look for any “psy” assistance which is stigmatising. So bringing assistance to schools and making it a part of the school is an excellent way to provide more or less equal opportunities to poor children living in remote areas for receiving needed assistance.

Outreach visits present a relatively cheap possibility to transfer the psychosocial and psycho-pedagogic knowledge and know-how to all teachers in most distant schools and to parents in less developed regions. It is also a way of activating and utilizing mental health professional resources for serving a higher number of children in need.

Outreach visits also have spin-off effects. They are important refreshing and motivating events in the life of a village school. Feedback from beneficiaries: “In the last ten years no physician has stepped in our school” or “I have never spoken to a child psychiatrist before, I did not even know that such persons exist”.

Since outreach activities have begun in 2002 about 600 village schools were visited, about 10,000 teachers teaching more than 55,000 children have attended

seminars and workshops offered in the frame of outreach visits and about 3,000 children with difficulties have directly benefited from these visits.

Outreach visits are also the most important link between QPEA and the schools. A teacher who has attended a long psychosocial programme takes on the task of coordinator – liaison officer between the school and QPEA. This person identifies needs for interventions of psychosocial teams, organises the visits, informs and motivates the principal of the school and the teachers to attend events run during outreach visits.

Outreach visits may be parts of different programmes:

- Components of extensive psychosocial programmes for teachers;
- Components of activities of counselling centres for children and parents;
- A programme consisting only of outreach visits.

Outreach visits are performed by Kosovar teams consisting of two trainers of different professions. The standard combination is one educational worker (pedagogue) or psychologist and one medical worker (family doctor, paediatrician, psychiatrist or physician of other specialists) trained in the psychosocial field. Visits are run on a regular basis, usually bimonthly. The programme of the visit is agreed with school authorities and adapted to the needs of the respective school and teachers. The visit lasts 3 – 6 hours.

3.1. The outreach activities

The content and forms of outreach activities depend upon the needs and aims of the programme, the needs of the school and the expressed wishes of teachers and principals.

The most frequent activities are:

- Lectures with discussions and group work or workshops for all teachers of the visited school;
- Psycho-pedagogic work with parents: lectures with discussion and group work or workshops for parents;
- Psycho-pedagogic activities for children (lectures with group work, discussions);
- Activities with children in the frame of art therapy workshops; expressive techniques;
- Meetings with volunteers; workshops for volunteers;
- Events for mixed groups (for instance teachers and parents; parents and children; children, parents and teachers);
- Counselling for teachers having a child with learning or psychosocial problems in the class;
- Assessment of children with learning or psychosocial problems and remedial assistance;
- Counselling for parents in the frame of schools;
- Counselling for school workers concerning broader school problems;
- Interventions in critical situations happening in schools;

- Other requested assistance, educational activities and training (for instance on children's rights).

3.2. Example of a programme consisting only of outreach visits

Currently (2008/09) such a programme (financed by the War Trauma Foundation, the Netherlands) is running in the regions of Skenderaj, Glogovac and Mitrovica:

Context

During the last war the regions of Skenderaj and Glogovac were most affected by armed conflicts. Almost the entire region of Skenderaj was burned down and totally damaged. About 90 per cent of the population was expelled from the region. The war in this region left 1,054 persons dead of which 101 were children and youths under the age of 20. In some cases up to 78 persons (civilians) were killed in one village. There are still many persons missing. Besides, the post war situation is characterized by poverty, unemployment (the rate of unemployment is at 80 per cent) and deception, which are affecting the family atmosphere and parental upbringing and care for children. The Skenderaj region has now about 90,000 inhabitants. There are 10,846 pupils of primary school (age 6-16). 701 teachers are teaching in 24 schools. The region of Glogovac is in a similar situation. In Mitrovica the unsolved political situation with interethnic conflicts are causing the re-traumatisation of the population.

In mentioned regions there are no mental health services for children. People from rural areas and even many from urban environments, do not bring children with problems to mental health services in Pristina. The causes can be a lack of understanding of children's problems, or a lack of parents' energy, or lack of financial means needed for covering the travel costs. Often severe family and social problems have higher priorities than the problems of children. The fear of being negatively judged by the social environment is among frequent obstacles for seeking psychological or psychiatric help.

The outreach programme provides possibilities for assistance to children in difficulties by teachers in the frame of the school and through counselling by visiting professionals. Beside the programme is aimed at helping all school children through creating a supportive and motivating atmosphere in the classroom for all children. This general aspect is very important in those regions in which the whole population is afflicted by previous armed conflicts and by present social adversities and tensions.

Methodology

- a) Training of trainers and school coordinators:
In a one day training 20 trainers (10 psychosocial trainers from QPEA, 10 local professionals from the covered regions) and 10 teacher school coordinators are trained:
 - To educate, empower and motivate teachers for the identification of children in need and the provision of elementary assistance which can be realised by the teacher in the frame of the school and in cooperation with the parents;
 - To help teachers to cope with psychosocial problems in their class and to cope with their own traumas, losses, difficult working situation related to poverty and other adverse social circumstances;

- To educate, empower and motivate parents for a better upbringing of their children, more adequate responding to their developmental and emotional needs and improving their skills and capacities for dealing with children who have difficulties or even disorders;
 - To run workshop with children and youths.
- b) Three one day visits are organised in 10 schools by two trainers of different professions (for instance one pedagogue and one medical worker). The trainers are assisted by co-trainers. Those are teachers who were included in previous psychosocial training and who have already cooperated with QPEA in some psychosocial activities. Visits take place on a Saturday; they last about 8 hour. They consist of the following activities:
- Meetings with the principal of the school (identification of specific school related problems; assessment of needs of the school; evaluation of the effects of the programme etc.);
 - Seminars and workshops for teacher: although attendance is on voluntary basis nearly all teachers attend the seminars. The average number of participants is 40 teachers.
 - Lectures and workshops for parents;
 - Workshops for children;
 - Psycho-educational events for mixed groups (teachers, parents, children in different combinations);
 - Evaluation of each event;
 - Meeting of trainers and co-trainers with the programme director from QPEA after each visit for reporting, monitoring, analysing and evaluating the process and revising it, if necessary;
 - Evaluation visits of donor's representatives;
 - A final conference is aimed at presenting the project to the interested public as a model of good practise of assistance to children with difficulties and children in need in the frame of the school;
 - Distributing literature to schools and teachers.

At the end of each module teachers receive a certificate which will be taken into account in the planned obligatory on-the-job education of teachers (the programme is in preparation at the Ministry of Education of Kosovo). Parents also receive a certificate of participation.

Some observations recorded by the Slovene expert supervising the programme

The Slovene expert, a consultant child psychiatrist attended the meeting of visiting teams with the programme coordinator from QPEA. Some of her recorded observations illustrate the realisation and the impact of the programme.

Members of the visiting teams presented really enthusiastic reports on their visits. Before starting to work they considered that performing eight hours of work in the frame of a visit in the school would not be possible, but, they found out that time was running very quickly and everybody was ready to stay. All teams did their visits to different schools at the same day. They considered that working altogether at the same day is reassuring and energizing for visiting teams.

During the first round of visits three topics were treated:

- Relationship and cooperation between teachers and parents;
- The child with learning difficulties;
- The psychosocial climate of the school.

The first and second topics were intended for parents and teachers, but, in many schools parents insisted to listen also to the third topic. In one school pupils from higher classes were also invited as listeners and the combination of three groups functioned very well. Teachers particularly liked the active methods such as group work and asked for more such workshops.

Parents appreciated very much group work, they said that for the first time they had the opportunity to express themselves as equal partners of teachers. After the termination of the formal part of the seminar, individual parents approached visiting professionals and asked them for advice on various problems of their children. The number of parents who attended the workshop differed from school to school. In one school there were only 10 parents, but in other schools the range was 20-30 parents. The representatives from the Ministry of Education, who attended commented: "What do you do to succeed to get parents to participate? When we try to organise something for parents they do not attend." The satisfaction of parents was very high; they asked for more workshops and started immediately to promote the workshops with other parents, who did not participate.. The visiting teams considered that attracting parents is an immense achievement of the programme. Members of visiting teams reported that at first they were anxious to meet mixed groups of parents and teachers. They were afraid that they could say something which could offend the first or the second group, but finally with all visiting teams everything went very well.

A pedagogue highlighted the main three problems of the educational system in Kosovo:

- Lack of tools for modern educational approaches (concrete material tools and methodological tools such as group work, project work etc.);
- Much claimed but in reality not realised good and productive cooperation between school and parents;
- Lack of solidarity and of voluntary work, which used to be highly present in Kosovo, particularly in the covered regions, in times of extreme political repression and armed conflicts.

This pedagogue thinks that the programme reduce the mentioned problems (with the exception of the need for concrete materials and tools).

The expert from Slovenia commented in her report that even in Slovenia it was quite difficult to gather parents for a lecture or a workshop. So even the number of parents attending the programme was not huge. She considered that it was quite an achievement for Kosovo schools. She expressed her respect and acknowledgement for the work done. She also stressed that the presence of physician (10) is a particular quality of the programme. In other countries it would probably not be possible to gather so many physicians for visiting remote rural schools.

Physicians, members of the visiting teams, reflected their impressions and feelings. They said that during the performed visits they recognised how important and useful in

the preventive sense this kind of work was. The presence of physician was particularly appreciated by schools (principals, teachers and parents). One principal said: "Our school is nine years old but this is only the second time a physician has stepped in."

Evaluation forms were distributed to teachers and to parents. The average marks in the evaluation, for the organisation, the applied methods of work and for the contents of workshops were above 4.5 (the range of the marks was 1 to 5; 1 expressing dissatisfaction and 5 expressing highest satisfaction). Parents and teachers were also asked for their suggestions for further work; the repeated suggestion was that this kind of work is welcome and should be continued. Parents expressed their regret that the school did not gather teachers and parents before in one place to discuss their mutual problems. On the other hand parents reported they had learned a lot on how to deal with their children in difficulties.

When discussing the topics for future visits to schools, all participants considered that trauma is still a very burning problem for the region. As mentioned, Skenderaj was the region most traumatised during the armed conflict, many villages suffered massacres, there are many children who lost their parents; in one village alone there are 20 orphans and 60 without a father. In Mitrovica the unsolved political situation with Serbia and hostile manifestations of Serbs caused a re-traumatisation of the population.

Voluntary work was chosen as a positive topic, which will activate resources in schools and resources in the community. On the other hand, acting as a volunteer who assists other people in need has an important remedial value for children who are in the role of victims of armed conflicts and on children deeply affected by poverty. Informing parents about voluntary work and the cooperation with parents in the frame of the programme will contribute to the development of voluntary work in the school.

The expert from Slovenia concluded: "As the international expert responsible for the realisation and for the quality of the programme, I can say that the programme is run with a tremendous energy and creativity at highest ethic level. Obviously, the educational system in the covered regions is literally starving for psychosocial programmes aimed to teachers and parents. The impact of the programme is first of all:

- A better understanding of children's needs by teachers and parents;
- The enrichment of know-how for raising children in parents and teachers;
- The introduction of new models of cooperation with parents in which parents are treated as active partners, and improvement of cooperation between teachers and parents;
- The improvement of the psychosocial and psycho-pedagogic quality of work of teachers and the school as a whole.

The reports of the visiting teams evoked my deep appreciation and respect, for the work done by Kosovar professionals and coordinators. I was also very touched by the description of individual interactions between visitors, teachers and parents.

I consider that in the present situation of Kosovo and particularly the situation in the covered regions with huge social problems and lack of investments in the growth of economy, a programme which is maintaining the moral and energy of persons responsible for the quality of life and development of children (teachers and parents) is of most precious value.

4. Empowering school psychologists for the psychosocial education of teachers and cooperation with teachers (Project application submitted to Wings of Hope, Netherlands, to be realised in 2009)

The problem of child mental health protection is of huge importance for Kosovo due to many reasons: the impact of armed conflicts which caused traumatising and losses in many families is still threatening the psychological development of children; the post-conflict situation characterised by poverty and unemployment is influencing the psychosocial well-being of children; new adverse phenomena such as drug abuse, violence of youths and an increasing rate of suicide, are affecting the mental health of the population of children and youths. On the other side, Kosovo has very few mental health services for children; there is still a very strong resistance among the population to visit such services due to stigmatisation and other prejudices; the existing services are not specialised for children; in areas which suffered the most from interethnic conflicts especially in remote villages, children are not beneficiaries of professional assistance.

In the described situation a specific model of child mental health protection was developed in Kosovo. It consisted in the integration of psychosocial activities in the frame of primary schools. Many teachers were trained in longer programmes (four three day lasting psychosocial seminars run in the interval of three months) and short programmes (one day lasting psychosocial seminars) run by local trainers in the frame of outreach visits to schools. A huge number of teachers became sensitised for the needs of children and parents, and educated to provide first line assistance in the frame of the school. Educating and empowering teachers from many schools, especially in villages which were the most massacred and traumatised, enabled many children to be assisted by teachers and to cope with past and present adversities. This model proved to be well accepted and efficient.

The system of teachers' assistance was complemented by the activities of volunteers who on a yearly basis helped many children.

The third component upgrading teachers' and volunteers' assistance was the establishment of counselling centres for Children, Adolescents and Parents in some localities of Kosovo. Those centres are providing remedial assistance to children with more serious disorders. Children are referred by their teachers. The greatest part of activities of counselling centres consist of outreach visits of professionals (pedagogues, physicians, psychologists, speech therapists) to schools where they run some remedial activities for children and counselling for parents and teachers.

At present, funding of a systemic and extensive psychosocial and psycho-pedagogic education of teachers is expiring. Foreign funding is no longer available. The economic situation of Kosovo is still very bad and the governmental structure i.e. the Ministry of Education, Science and Technology, does not have the possibility to fund such programmes. The total amount of money yearly dedicated to on job education of 22,000 teachers rates at about 140,000 €. There is a danger that the well developed model of further education of teachers for their role of psychosocial helpers and for the improvement of the psychosocial climate in schools will have to be stopped. When looking for solutions of how to ensure the sustainability of school based mental health protection of children, the involvement of school psychologists appeared as a feasible solution.

The number of school psychologists working in schools of Kosovo is slowly increasing. Currently there are about 30 school psychologists employed in schools of

Kosovo and a considerable number waiting for employment. It is expected that in future the number of employed school psychologists will rise. As the specialisation in school psychology is new to Kosovo, the roles and functions of school psychologists are not yet clearly defined. School psychologists often do not have a well defined field of activities and professional tasks; they are often exploited by the principal for administrative work. Beginners do not have any experience in working in the specific context of school.

4.1. Main characteristics of the programme

The idea of the proposed project is to develop an institutional basis and professional capacities of school psychologists for running psychosocial and psycho-pedagogic education for teachers.

The main aim of the programme is to train and to empower school psychologists for activating resources in the school system (first of all teachers) for creating a child friendly school, preventing psychosocial disorders and helping children with special needs and children in distress.

The main long term objectives of the programme are:

- To develop professional capacities of school psychologists for running psychosocial and psycho-pedagogic education for teachers;
- To assure the sustainability of psychosocial and psycho-pedagogic education and empowerment of teachers for providing assistance to children in need and for creating a safe, motivating and child friendly atmosphere in their classes;
- To develop a productive cooperation and synergy between school psychologists and teachers.

In order to fulfil such a role *two conditions* should be met:

- The job description of school psychologists should include the task of running psychosocial training for teachers; the allocated time for this task should be clearly defined;
- School psychologist should be trained for this kind of activities.

Concerning the first point, the Ministry of Education, Science and Technology of Kosovo already agreed to introduce the psychosocial and psycho-pedagogical education for teachers as part of the job description of psychologists.

Thirty school psychologists will participate in three two day seminars dealing with the following topics:

- The school as a social system;
- The role of the school psychologist and his/her fields of activities;
- Contemporary approaches for teaching adults (interactive and participative learning; leading group work; role-play);
- How to train teachers;
- How to motivate them for psychosocial work;
- How to establish a good and productive relationship with teachers;
- Teachers as partners in healing interventions; the role of the school counsellor and the role of the teacher;

- Which forms of assistance for a child can be applied by the teacher in the class setting;
- The family system and the school system;
- Cooperation with the parents of children with psychosocial difficulties;
- Most frequent learning problems – how children can be helped by their teachers?
- Behavioural problems – what can be done in the classroom setting?
- Children with emotional problems – helping teachers to identify problems and to assist children;
- Crisis situations and the reactions of the school;
- Counselling – aims and methods;
- Team work;
- Activation of external resources for helping children and families;
- Developing voluntary work in the frame of the school;
- Relationships and possible tensions and conflicts between different group of school workers (administrators, teachers, school psychologist, etc.);
- Job related burdens and prevention of burn-out in teachers;
- Most common job related problems met by school psychologists and other counsellors.

4.2. Expected results

The expected results are:

- Increased interest, motivation and capacities of school psychologists for the further education of teachers in the psychosocial and psycho-pedagogical field;
- More important impact of school psychologists on the involvement of teachers in emotional, psychosocial and psycho-pedagogic assistance to children in need, and involvement of teachers in creation of a child friendly and motivating school climate;
- Better and more productive working relationship between school psychologists and teachers;
- Contribution of school psychologists to the implementation of modern working methods as interactive learning, group work, team work;
- Contribution of school psychologists to the protective role of the school in the psychosocial development of the children and to the reduction of risk factors for mental health generated by the school;
- To extend the activities of school psychologists from the individual assistance to children in need to activities focused on the school at large (teachers, rules and atmosphere of the school, etc.);
- To create and maintain human resource for providing assistance to children in need in the frame of the school;
- To introduce the developed programme at least partly in the regular educational curriculum for school psychologists at the University of Pristina.

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Mobilising community resources for present times and for the future

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Abstract. The authors, all members of the professional staff of the Centre for Promotion of Education (QPEA), describe programmes as examples of good practise of mobilising local professional and institutional resources and resources of civil society (volunteers). Developing voluntary work in children and youths is an important investment in a future participative behaviour of citizens. The programme on mine-risk education is an interesting experience in which psychosocial know-how is linked in synergy with methods for mine-risk education. Activating resources of the health care system for psychosocial activities has a sustainable impact on involved professionals broadening their experience and enriching their medical views with the mental health perspective.

1. Organised school based and community based voluntary work of children and youths

1.1. *Voluntary work in areas affected by armed conflicts and post conflict adversities*

Voluntary work is defined as activities which are:

- Performed without payment or other financial reimbursement;
- Based on one's own decision;
- Aimed to help other persons or groups in need, or communities at large.

The development of voluntary work resources for covering psychosocial needs is of great importance in poor communities and in countries affected by armed conflicts. Voluntary work is a potential resource of protective factors for the emotional, cognitive and psychosocial development of children. Through psychosocial and learning assistance volunteers can help many children to cope with their traumatic experiences and losses.

Involving young people in pro-social activities is important for the present and for the future. It is a way of mobilising human resources for helping people in need and covering some needs of the community. Besides, it includes the important function of civic education of young people for more solidarity and participation in social processes. This education is much required in post-conflict times when solidarity is

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usually decreasing and needs for assistance and pro-social involvement are huge. After the termination of armed conflicts there is usually a decline in solidarity in the frame of social networks. People become more focused on their own survival and well-being; there is less concern for others. Enhancing voluntary work in this period is an important way of promoting and re-establishing the values of solidarity, which certainly are an example of mobilising local resources.

Just lecturing children and youths on moral values and caring behaviour is not enough. The everyday experience of youths in post-conflict circumstances in which values and behaviour characteristics of neo-liberalism and wild capitalism are much present and promoted, denies the beautiful discourses on moral and social responsibility. In order to counter act those values, youths should experience on hand that they can make a difference in the quality of the life of others and of their social environment, and feel that their efforts are appreciated. They should learn through their own experience that respect is not achieved only by dressing in the latest fashion and owning the latest model of cell phone but also through being a socially active member of the school and community. Voluntary work of children and youths is not only a resource of human energies for healing wounds, diminishing the impact of social inequalities, enhancing reconstruction and development. It is also a potent tool of education for responsible and socially active individual citizenship of future generations.

Involving children and youths to act as volunteers is also an important approach in the prevention of psychosocial disorders of assisted children. It empowers children and youths who act as volunteers to cope with experienced traumas, losses, post-war adversities, school and personal problems. Children and youths volunteers become active agents in their communities. Receiving recognition for their social activities increases their self-esteem. They do not see themselves any more as helpless victims of social adversities. On the contrary, they learn to see themselves as responsible agents of their own situation and as active players in their communities. Therefore it is advisable to include children in difficulties (for instance children from dysfunctional families or from very poor families) and children at risk in volunteering. Giving youths the possibility and opportunity to be active players in social processes is an investment in the future; it is capacity building at the individual and the collective level.

1.2. QPEA programmes of organised voluntary work

School based voluntary work can be understood as activities of volunteers (parents, other adults, university students, secondary school pupils, etc) for helping the school and assisting children with school related problems (children with learning difficulties, children with disabilities, children with problems in peer relationship, children from socially deprived families, children from minority family backgrounds, refugee children, gifted children and children with special interests). The second meaning of the term "school based voluntary work" is the involvement of school children in voluntary work. Pupils as volunteers can act as helpers to their peer or to younger children or to other persons in need (elderly, handicapped, etc). Activities may include leisure time actions, cultural or sport actions, embellishing school environment. Programmes of QPEA include both: bringing external volunteers (high school pupils and university students) into the school; and first of all, activating school children in voluntary works.

In the following text the programme of activation of school children for taking part in organised voluntary work, is presented.

a) *The aims of the programme:*

- To develop community based and school based models of voluntary work for children and youth combined with civic education;
- To create possibilities for organised continuous social activities of children through which they participate in identifying and reducing problems of people in need, ecological and other problems in their communities;
- To develop a model of child mental health promotion and protection through involving children in social activities (voluntary work) which develops their self esteem, social skills, and coping capacities;
- To contribute to the wellbeing of persons in need of human assistance and to the wellbeing at the community level;
- To implement the activities in a sustainable way in the school system;
- To spread and disseminate country-wide the culture of voluntarism and developed models of good practice.

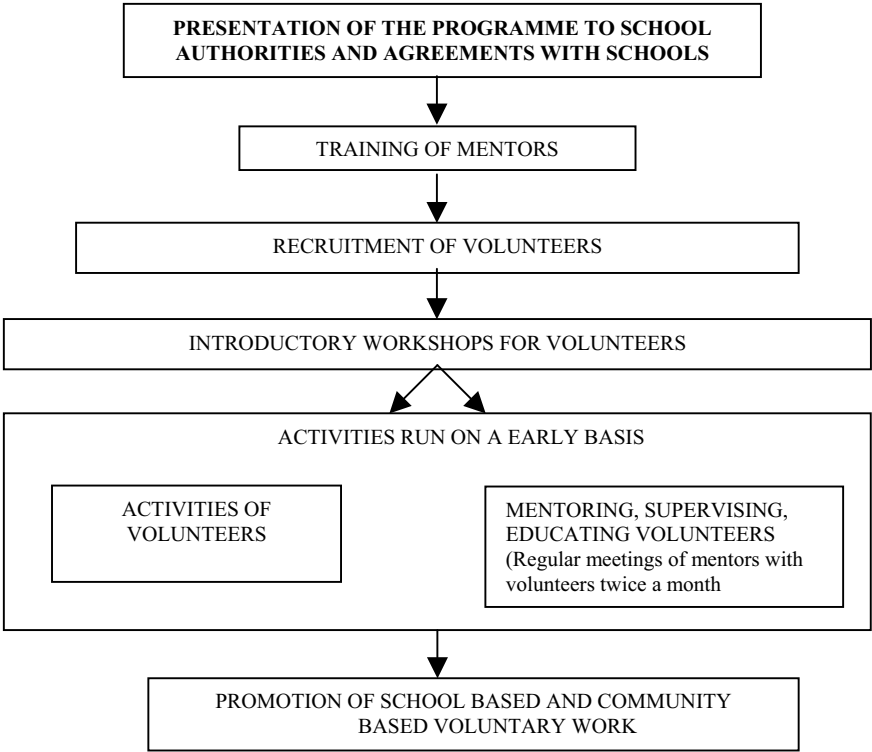
b) *Activities:*

- Preparing the community, schools and other institutions for the programme: spreading information and achieving agreements with relevant institutions, services and NGOs are needed before the start of the programme.
- Training of teachers as mentors who monitor and supervise the work of young volunteers (primary and secondary school pupils). Teachers who will act as trainers attend an initial and an advanced training.
- Brief introductory workshop for volunteers: the aim is to prepare volunteers for their future work; to explain to them the importance of solidarity and active participation in solving problems in the communities; to show them that they can make a difference through their commitment.
- Activities of volunteers: Volunteers are mostly working once per week through the course of the academic year. Sometimes they are running programmes during the school holidays. They provide help to children with learning problems, to children with special needs and other children in need, help to elderly persons and handicapped persons. High school pupils organise language, computer, painting, and music courses. They work with children from different ethnic backgrounds living in Kosovo. Some projects have the character of social activism: organised debates on democracy, human rights, integration of minorities and promotion voluntary work. Projects can be of ecological character as cleaning school environment or planting trees. In the frame of QPEA, since 2000 until January 2009, about 2200 volunteers were engaged in different programmes and activities.
- Meetings of volunteers with mentors: are run twice a month. The function and contents of those meetings are to monitor the work of volunteers and the whole process provides opportunities for the exchange of experience and to participate in the governance of the programme. Another function

of meetings is supporting volunteers and helping them to solve eventual problems they are faced with in their work. Civic education through reflection of the social context in which volunteers work, their role and the impact of their work is an important component. Meetings are run in a democratic atmosphere acknowledging volunteers and motivating them for their work. The work of mentors is of outmost importance for the sustainability of the programme. It is said that is not difficult to attract young volunteers, but considerable efforts should be invested for the prevention of their drop-out of the programme.

- Promoting and spreading the model of good practise and the gained know-how: an important objective of each programme is to spread the philosophy and practise of school based and community based voluntary work of children and youths. This is done through various activities:
 - Conferences and other public events;
 - Promotion through media;
 - Organisation of camps for volunteers, who are interested in becoming multipliers of activities;
 - Publications.

Schematic presentation of activities



1.3. Impacts of voluntary work

Voluntary work has manifold effects on all participants in the process:

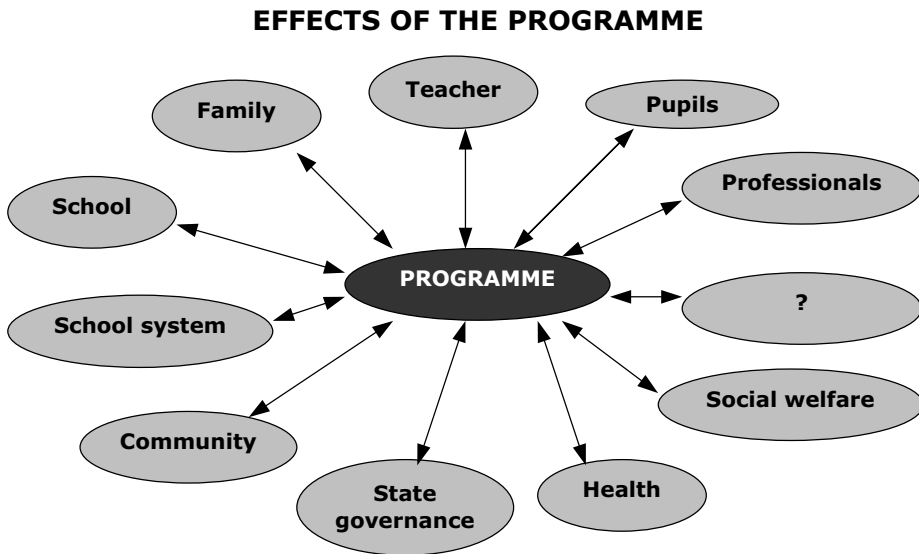


Figure 1. Effects of the programme

Impacts on young volunteers:

- Providing children with opportunities for participative actions;
- Young people become involved in pro-social activities;
- They become sensitised to social and other processes in their communities specially those linked to poverty and social exclusion;
- They learn strategies to deal with those problems;
- They experience that problems can be reduced by the activation of the civil society;
- They acquire new practical knowledge, know-how and soft skills in the areas of communication, in supporting people in need, in advocacy for deprived groups;
- They receive recognition and gratification for their work;
- Voluntary work enriches the lives of young volunteers; it adds new meanings to life, new satisfactions and joys;
- Voluntary work provides opportunities for children and youths who are at the receiving side of help (because of various problems, school failure, poverty) to become help givers (volunteers helping other people in need), which has a positive effect on their self-esteem and their personality in general; this is of special importance for children who have become victims of war and violence;

- Voluntary work can prevent social malfunctioning or psychosocial disorders;
- Involved youths develop a set of pro-social values (solidarity, moral obligation for active participation in problem solving, etc);
- Many of them continue with volunteering and promote voluntary work in their future professional roles;
- The received experience is useful for their future professional and political orientation;
- The inclusion in the programme contributes to the development of their civic responsibility and participative role in democratic societies in their adulthood.

Impact on assisted persons:

- Practical aid;
- Befriending;
- Social networks/social integration;
- Better emotional well-being;
- Improved intergenerational dialogue and dialogue between other groups.

Impact on assisted children:

- Improvement of their psychosocial quality of life;
- New positive interpersonal experiences and improved vision of the humanity;
- Corrective and compensatory impacts on family deficits and dysfunctions;
- More joy and happiness;
- Less suffering and sorrow;
- Improvement of social functioning;
- Reducing of learning difficulties and improving of school achievements;
- Developing new interests and involvement in various activities;
- Improvement of self-esteem;
- Better coping capacities and strategies;
- Reducing risk factors;
- Prevention of social exclusion;
- Prevention and reduction of risks concerning the psychosocial development (for instance: school failure or drop out);
- Quicker recovery processes;
- Providing protective factors and processes in the lives of children;
- Volunteers are role models for children; in many cases they inspire assisted children for future volunteering.

Impact on the school:

- Shaping the ethos of the school;
- Developing the culture of mutual help and solidarity;
- Improving school outputs – school achievements, behaviour of children;
- A potent means of moral, social and civic education of children;
- Preventing psychosocial problems;
- Strengthening human resource for the assistance to children with problems;
- Increasing the reputation of the school;
- Linking the school with the community;
- Mobilising resources in the community for helping children in need;

- The school is perceived by the community as a caring institution which is improving mutual relationships between the school and the community.

Impact on the community:

- Reducing problems in the community, improving the quality of life of disadvantaged persons;
- Reducing social inequality;
- Educating youths for their future roles of responsible and participating citizens;
- Spreading the values of solidarity and developing social capital;
- Developing and spreading models of good practice of voluntary work;
- Contributing to the feeling of security in the community.

1.4. Some lessons learned

Initiating organised voluntary work of children is a social innovation in countries affected by armed conflicts and poverty. Adequate preparation for the acceptance and the successful realisation in the community is needed. Therefore enough time and energy should be invested in informing and explaining the concepts and practicalities of voluntary work to all involved parties in the preparatory phase.

An important condition for the feasibility of the programme is its respect for the local values and tradition of mutual help and solidarity. It could be unproductive to promote only the civic education of children for democratic societies without highlighting the connection between traditional solidarity in the covered region and the new wave of education of children for more social responsibility and participation.

Even when established, programmes of voluntary work can fail due to bad organisation, insufficient support to volunteers, etc. If the initial programme once fails, it is difficult to start it again because of the unfavourable past experience of involved players and decision makers. Therefore all possible preventative measures should be undertaken to protect the programme:

- Good preparation of all involved parties of the programme (information, cooperation, etc.);
- The broader community should be well prepared for the innovation;
- Users (individuals or services and institutions in which volunteers work) should be adequately prepared for receiving volunteers;
- Good preparation of mentors (usually teachers), who will work with young volunteers;
- Good monitoring process combined with reflection and “on the job learning”, or “learning by doing”;
- Volunteers should receive recognition and appropriate rewards for volunteers such as social gatherings or opportunities to present and promote their voluntary work in public;
- Basic concepts and covered needs should be agreed in partnership with respective local players taking into account the respective cultural and religious local values;
- Good organisation and logistics of the whole process are needed;

- Volunteers should receive continuous monitoring support and education;
- Mentors should be available to volunteers in case of difficulties and for questions;
- Problems should be addressed and solved without delay.

Advantages of the programme:

- It is school based and community based;
- It includes a huge number of children acting as volunteers;
- It combines civic education with mental health protection and promotion;
- It provides opportunities for participation of children;
- It increases the number of assisted children with problems;
- It is well accepted by children;
- It is a good example of capacity building;
- It mobilises human resources in the community.

1.5. International cooperation

QPEA has been running many programmes of organised voluntary work of children and youths for a long time. Besides developing school based and community based voluntary work in Kosovo, QPEA organised camps for volunteers in Kosovo and in Albania. The aims of these camps are to provide some sort of reward to volunteers, but not less importantly, camps prepare participants for becoming social activists, promoters and organisers of voluntary work. Volunteers from Kosovo were also invited to international camp in Slovenia where they met youths from other ex-Yugoslav countries. Those camps also have the function of reconciliation and stability building.

Recently QPEA together with Albania, Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia is included in a Balkan project for the development of school based voluntary work of children and youths combined with civic education for responsible citizenship; the programme is financed by the US embassies in the respective countries.

The Kosovo experience of school based volunteerism was transferred across borders to Macedonia and to Albania. The manual “Voluntary Work in School” published by QPEA in Albanian language was a considerable contribution to the development of voluntary work in schools in Albanian speaking regions (in Kosovo, Albania, and Macedonia).

2. Combining safety with psychosocial issues: Mine-risk education and the prevention of psychosocial consequences of disasters in primary schools

The objective of Mine Risk Education is to reduce the risk from landmines and unexploded ordnance (UXO) to a level where people can live safely. Mine Action in Kosovo is conducted in accordance with International Mine Action Standards (IMAS). The removal of the mine and UXO threat is an important precondition for the reconstruction of the country and its natural and economical resources, and for the return of displaced persons and refugees. Sustainable life with an appropriate level of

safety and quality is not possible without resolution of the mine/UXO problem. After the armed conflict in 1999, Kosovo according to the statistics had 1300 bombed targets with 620 known mine fields put by the Serb military and paramilitary forces, 2600 reports of UXOs, and 4520 dangerous zones. Today the main threats are the mine fields which are not on the official maps, and which have been put by the Serb paramilitary troops, mostly in villages and rural areas. By 2009 the casualties of mines and UXOs in Kosovo rate at 113 dead and 437 injured individuals. Through mine/UXO clearance activities conducted since June 1999 the amount of dangerous areas has been significantly reduced. But Kosovo nowadays is still affected by mines and UXOs and therefore Mine Risk Education (MRE) is an integral part of Mine Action Program. The presented program is a part of the Mine Action Program.

The project has been implemented by QPEA in the years 2007/2008/2009 with the accreditation of the UNMIK-KPC Coordination Office (O/KPCC) and in cooperation with the Protective Corps of Kosovo (PKC or TMK). It is funded by the State Department of the USA through the International Trust Fund for Demining and Mine Victims Assistance (ITF) from Slovenia. The United States Embassy in Kosovo supports the project and was one of the mediators for the inclusion of the Serbian NGO Future in the programme.

2.1. *Outline of the Mine Risk Education (MRE) and the prevention of psychosocial consequences of disaster in primary schools*

The described situation in Kosovo was the reason for introducing the programme. The two years lasting programme covers the most endangered regions of Kosovo.

Table 1. The programme has been based on cooperation and synergies between agencies and players:

| | |
|--------------------------|---|
| NGOs | Albanian NGO Centre for Promotion of Education-QPEA from Ferizaj and Serbian NGO FUTURE from Gracanica |
| Military experts for MRE | The Explosive Ordnance Disposal (EOD) Management Section that was within the Office of the Kosovo Protection Corps Coordinator (OKPCC), Protective Corps of Kosovo (PKC) – Genio Unit and US KFOR – EOD Section |
| Psychosocial experts | Professionals from Kosovo working in the frame of QPEA (psychiatrists, psychologists, physicians, pedagogues). An international trainer and consultant from the Slovene Philanthropy. |
| Donor organisations | International Trust Fund for Mine and Mine Victims (ITF) – Slovenia through the US State Department |



Figure 2. Regions covered by the programme in both years (2007/2008 – Yellow colour, 2008/2009 – Pink colour)

The programme is marked by the following characteristics:

- Implementing MRE in primary schools;
- Combining MRE with psychosocial topics, which means putting MRE in a broader context, which is more intriguing and attractive for teachers and pupils;
- Spreading MRE through peer education;
- Presenting both topics – MRE and psychosocial topics to parents;
- Presenting both topics – MRE and psychosocial topics to broader communities;
- Developing sustainable MRE activities in schools;
- Developing a new holistic model of MRE imbedded in a broader psychosocial programme.

The programme consists of two components:

a) The MRE program:

MRE activities are run by teachers in primary schools; they are aimed to raise awareness about mine risks and promote safe and protective behaviour in children.

b) The psychosocial program:

The topics of the psychosocial programme are related to MRE and the whole issue of mines and UXOs.

2.2. Aims and objectives

The combined method was chosen in order to enlarge and enrich the scope of the training process, to increase the interest of teachers and to motivate them for a continuous implementation of MRE and related topics.

Main aims:

- Mine risk education ensuring the reduction of mine hazard in covered regions;
- Developing a model of mine awareness training and UXO risk prevention education combined with psychosocial issues;
- Educating and empowering teachers in psychosocial topics dealing with issues related to hazard of mines and UXO;
- Improvement of the protective role of the school and teachers in the field of prevention of mine and UXO accidents, self protective behaviour and psychosocial assistance to children;
- Educating and motivating children to become promoters of MRE through peer education;
- Public information and dissemination of MRE among parents and community wide;
- Disseminating written and graphic materials for both components of the programme;
- Enhancing the development of multiethnic cooperation in Kosovo.

2.3. Activities

Activities:

- a) *Two-day training for trainers:* 23 psychosocial experts and MRE experts of different ethnicities were trained for running seminars for teachers and outreach activities in schools (lectures, group work, role-play, practical exercises).
- b) *Seminars for teachers:* 180 teachers from 48 primary schools attended those seminars. In the first year the programme consisted of three three-day seminars for teachers; in the second year due to financial reasons the schedule of seminars was modified and teachers attended four one-day modules. The schedule of the first year proved to be better in terms of the achieved motivation of teachers, development of informal networks and particularly the establishment of friendly relationships among teachers from different ethnic groups, which is of particular importance in the present political situation of Kosovo.

The implied methodology includes: short lectures with discussions; group work; role-play; other exercises; specific practical methods used by MRE experts; school visits of trainers.

The topic of the MRE components are presented according to the contents and methodology elaborated in the frame of MRE education by TMK or PKC and KFOR.

The topics of the psychosocial component are related to MRE and the whole issue of mines and UXOs. The main topics are:

- Dealing with crisis situations in the frame of the school – when a tragedy happens;
 - Preparing the school for eventual future accidents;
 - Cooperating with parents in crisis situations;
 - Trauma and losses;
 - Helping and supporting the physically handicapped child in the school;
 - Relation among peers and bullying;
 - Promoting pro-social behaviour among children and voluntary work of children;
 - Peer education;
 - The psychological job related burdens of teachers in the present situation of Kosovo and prevention of burn-out.
- c) *Implementation of acquired knowledge by teachers* in their schools is administered through lectures and workshops for colleague teachers; lectures and workshops for pupils; educating and motivating children to become promoters of MRE through peer education; motivating children for self protective behaviour; treating the topic of mine and UXO through role-play, drawing, essays; presenting the topics at parents' meetings; presentations for the local community through public appearances and media; dissemination of graphic and written materials.
- d) *Preparation and distribution of materials* on warnings and risk education and literature covering psychosocial issues in Albanian, Bosnian and Serbian language.
- e) *Outreach visits to schools*: each school included in the programme is visited two times by a pair of experts: psychosocial experts and experts for MRE.

The aims of visits:

- To organise lectures and workshops for all teachers of included schools;
- To organise some MRE events for pupils of visited schools;
- To support teachers, who attended seminars, in the implementation of acquired knowledge and know-how;
- To monitor and evaluate the implementation of the programme in schools included in the project;

- f) *Final conference*: The aim of the Conference is to present the programme as a model of good practice to a larger public and to spread the activities in other schools. Participants are members of the programme including students who present their activities, school directors, local and regional school authorities, etc.
- g) *Monitoring and evaluation* of the programme by representatives of QPEA and MRE, through evaluation forms for teachers, and through written and oral reports of trainers and teachers.
- h) *Promotion and dissemination*: the programme also includes public information and dissemination of MRE in covered communities. This is done mainly through media and through community wide events.

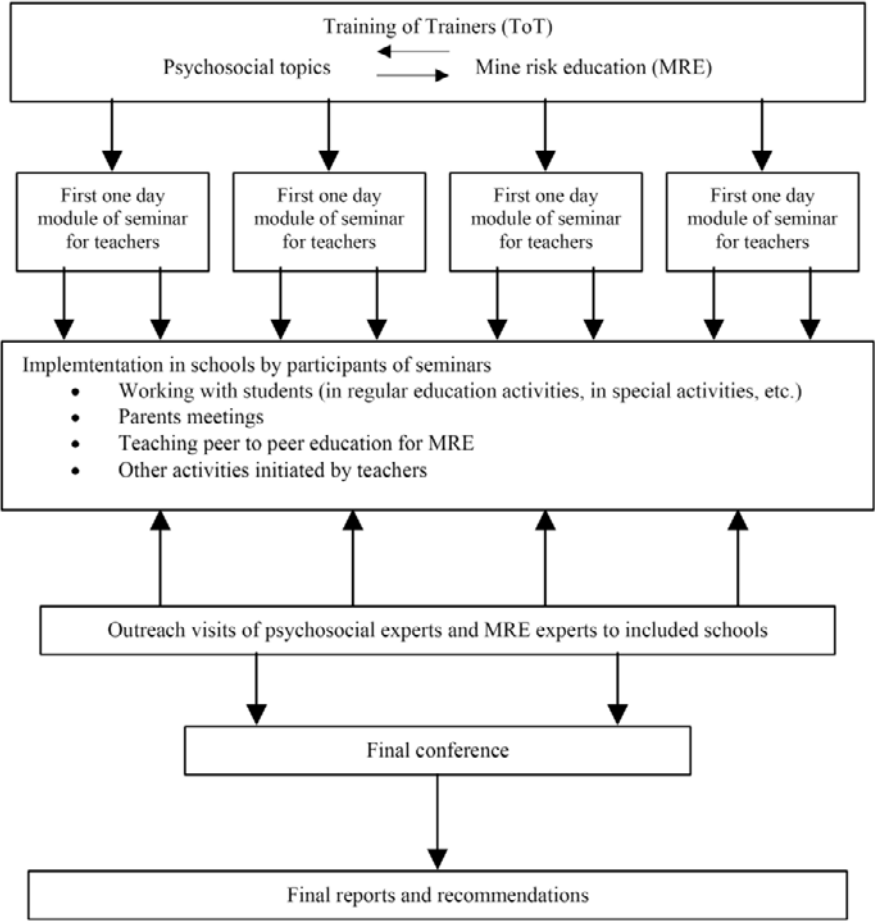


Figure 3. Activities in the second year (2008/2009)

2.4. Target groups and beneficiaries

Table 2. Target groups and beneficiaries

| Entity | Number | Comment |
|---|---|--|
| Local psychosocial trainers | 23 | Multietnic trainers: Albanians, Bosnians, Gorani, Serbians, and Turks |
| MRE experts | 10 | The Explosive Ordnance Disposal (EOD) Management Section that was within the Office of the Kosovo Protection Corps Coordinator (OKPCC), Protective Corps of Kosovo (PKC) and US KFOR – EOD Section |
| Teachers attending the seminars | 180 | Albanians, Bosnians, Gorani, Serbians, and Turks |
| All teachers in included schools | 1400 | Informed and sensitised in the frame of outreach visits and by their colleagues who attended seminars |
| Schools | 48 | Primary schools of rural areas of covered regions with mine and UXOs risk threat |
| All students in included schools | 18 000 | Low profile impact |
| Student actively participating in the programme | 500 | High profile impact |
| Parents – indirectly through their children | Majority of parents of students from included schools | |
| Parents – directly | Approx. 600 | Exposed to lectures, workshops |
| The whole population in covered communities | | |

2.5. Conclusions

The achieved results of the programme:

- Better protection of children against mines and UXOs and reduction of the number of accidents ;
- Better protection of the population as a whole in covered communities;
- Increase of the role of teachers and function of the schools in the protection against mines and UXOs;
- Increased capacities and activities of teachers in providing psychosocial assistance to children in need and to their parents in aftermath and long term consequences of accidents;
- Established and improved relationships among teachers from different ethnic groups included in the programme

The presented programme is a good example of the activation of local resources through linking the physical protection of children with mental health protection,

building synergies between different sectors such as education, military units for mine and UXO protection and psychosocial protection provided by NGOs.

The programme has been very successful in terms of showed interest and motivation of participants (teachers and pupils). The cooperation between the involved military experts and educational/psychosocial experts was excellent, enriching and productive. An important added value of the programme is the establishment of improved communication among participants from different ethnicities. There are repeated requests by schools for further similar programmes.

3. Resources of the health care system

There is no need to explain why the involvement of medical workers in the mental health field is an important local resource for psychosocial healing and recovery. It has also a sustainable value of developing a comprehensive health care philosophy and practice including the mental health component.

On the other side, particularly after the termination of conflicts, it is not easy to involve health care workers in mental health trainings and programmes. Obstacles have various causes. Medical workers are considered to be professionals dealing with physical illnesses, with “real” illnesses. The medical curriculum does not pay sufficient attention to psychological problems and their impact on physical health and vice versa. But there is also the reality of everyday work in which medical workers, at least those working in public services, have to see huge numbers of patients per day. In such circumstances talking about psychological help can sound unrealistic or be wishful thinking.

However, QPEA organised or participated in the realisation of some programmes for health care workers in the first three years after the war. The concepts of those programmes were based on the WHO philosophy “Health for all” and “No health without mental health”. Contents and proposed interventions were adapted to the working reality of health care services. The aims of provided knowledge and know how was to improve the capacity of medical workers (physicians and nurses) to recognise mental health problems and to offer some basic help for clients within the framework of their services and everyday professional activities. The other aim was to motivate health care workers for mental health low profile interventions and to show them that in spite of their heavy workload they can make a difference.

Later, the involvement of health care workers took another way which proved to be very productive. An impressive number of 30 physicians became trainers in programmes for teachers, counsellors and therapists in counselling centres for children, parents and teachers, and members of out-reach teams visiting schools.

3.1. Seminars for physicians and nurses

Immediately after the war, seminars for physicians and nurses were focused on trauma, losses and other phenomena stemming from political repression and armed conflicts. Soon programmes enlarged and treated a large scope of psychological, psychosomatic and psychosocial problems met in medical services, possibilities of offering help to people, and mobilisation of resources for the assistance administered to people.

Of particular interest was a programme on relationships and communication among health care workers, patients and their relatives. Traditional patterns of

behaviour still very present, particularly in rural areas, were discussed; for instance, the habit that the mother in law decides if and when the child should be taken to the doctor for an examination, and the mother in law being the spokesman in the encounter with medical workers.

The methods of training for medical workers were: lectures, discussions, group work, role-play, presentation of cases and case management. Main topics:

- Mental health and psychosocial well-being in the present society of Kosovo;
- The impact of armed conflicts on the medical problems and mental health of the population;
- War-related psychological and psychosocial problems;
- Trauma and losses – interventions which are possible in health care settings;
- Facing mental health problems in health care settings – can we make a difference?
- The role of health care workers in the alleviation of psychological wounds and recovery;
- Obstacles in the use of mental health services among parents, children and adolescents;
- The eco-social paradigm and the systemic and holistic approach to mental health;
- Risk and protective factors and processes, resiliency;
- The family system;
- Families with specific problems and dysfunctional families (chronic illness, mental and physical handicaps, psychiatric disorders, PTSD etc);
- Violence in the family (physical, sexual, psychological, and child neglect);
- Psychosocial consequences of poverty;
- Minority groups, refugees, displaced families, returnees, other migrants;
- Most frequent developmental and psychosocial problems in childhood;
- Specific problems in adolescents (drug dependency, delinquency, etc);
- Psychological help and psychosocial support to children and adults which can be provided by health workers in the frame of their everyday professional activities;
- Emotional, social, behavioural consequences of diseases and physical handicaps;
- The impact of psychological and psychosocial factors on health and coping with disease;
- Neurological diseases affecting brain functions (epilepsy, cerebral palsy, etc.);
- Cooperation and communication between health care workers and patients;
- Cooperation and communication between health care workers and patients;
- Relationships and communication between health care workers;
- Psychological burdens of health workers and prevention of burn out;
- School based programmes, cooperation between health care services and schools;
- Cooperation with other services;
- Mobilising resources in the community for the assistance to people with health problems and physical handicaps;
- The role of NGOs and volunteers in health and mental health protection.

3.2. Inter-sectorial cooperation between the school and health care system

Huge resources of the health care system were mobilised through inter-sectorial cooperation between the school- and health care system. Physicians are highly involved in psychosocial programmes of QPEA. Thirty medical doctors (psychiatrists, family doctors, paediatricians, a child surgeon, an anaesthesiologist and others) are members of multidisciplinary teams. They are mostly involved in three kinds of activities:

- Acting as trainers in psychosocial seminars for teachers, volunteers and other target groups;
- Being members of outreach mental health teams: pairs consisting of an educational expert or psychologist and of a medical doctor are visiting schools; the content of visits are running workshops for teachers and parents, assessment of children with difficulties, and providing counselling to teachers and parents;
- Working as counsellors and therapists in counselling centres.

Some physicians included in the programme reflected on their work as follows:

The cooperation of physicians has begun from the very beginning of activities organised by QPEA and has expanded with the development of new activities. Through our work we established direct communication with teachers, who we can say metaphorically, were standing in the “front line”. In the post-war period teachers had children in their classrooms who experienced armed conflicts and many of them remained without parents, brothers or sisters, or lost members of the extended family. Working in such circumstances was not an easy task at all.

Besides, due to the absence of services for child protection, teachers often had to play the role of psychosocial assistants taking care of the mental health problems of their students, of social workers looking for material resources for their students, or other roles depending on the current needs. In villages the majority of teachers are male and it happened that they tried to at least partially substitute dead or absent fathers. We physicians also recognised the role of teachers in the health care protection of children, particularly in remote and very poor villages. Teachers are often involved in health issues: they are the first to detect vision or hearing problems or unusual fatigue caused by some disease; they encourage parents to look for medical help for their child; teachers help to raise funds needed for some medical intervention to be paid; they mobilise peer assistance for physically handicapped children and sick children, Teachers have to stay in the classroom with physically handicapped children and children with chronic diseases, to adapt their teaching to the child’s limitations, and to provide psychological support to those children and their parents. Therefore the topic “The sick child and the physically handicapped child in school” attracted a huge interest among teachers.

Teachers themselves suffered from traumatic experiences and manifold losses. They had to cope with their own psychological affections and those of their pupils and of the community as a whole. Although we focused on children, teachers also were not left aside in terms of helping them to overcome difficulties, personal problems or diseases. An important part of this process was the training of teachers on self-care and mutual support.

After the end of armed conflicts, teachers had to work in difficult conditions such as insufficient working space, huge number of pupils in one classroom, lack of tools for

teaching, with very low salaries insufficient for the survival of the family. The seminars were also aimed to help teachers to cope with their own difficulties which empowered them for helping their pupils in distress.

Teachers were trained for the detection of problems in children, for helping children in distress through understanding and support, for the mobilisation of resources for children in need in the frame of the school and community, for a better cooperation with parents, and for mutual cooperation and team work.

Even we doctors, learned a lot, and as time passed by, we came to realise that it were not only the teachers who needed us, but that teachers were in many ways important partners for us in treating children in need and their parents. Teachers were the first ones who could see either good or bad changes and those who could be powerful partners of the team working with the child, even when problems were severe and seemed to be irresolvable.

We also began to conduct school visits, which enabled us to closely see the situation in educational settings and to find more efficient reality-based solutions for problems. It often happened that a certain village or a school had such specific characteristics that we would never have understood the situation and problems of the child coming to our clinics, without having an insight in his/her life circumstances.

Medical doctors had the opportunity to become well acquainted with the school settings, the prevailing psychosocial atmosphere, the current difficulties and problems of the educational process. Particularly important for us was that we recognised the positive aspects and resources for the assistance to children in need, available in schools, and the protective role of teachers and schools for the psychosocial development of children. We started to appreciate the efforts and contribution of teachers to child mental health protection. Somehow we became closer to the school, learned to cooperate with the school, and to use it as a resource in the healing process.

On the other side we had the opportunity to meet numerous emotional, behavioural and learning problems of children which do not appear in our regular job settings. The participation in the programme strengthened our social and public health view on health and mental health protection.

Later, with opening of the counselling centres, the cooperation of health care workers with QPEA became more extensive and comprehensive. The activities of counselling centres intensified the work and cooperation with parents and developed our skills in this field. The involvement of parents in the whole healing process became an indispensable and obligatory part of treatment. Medical workers had opportunities to improve their communication and cooperation with parents and to learn basic principles of counselling. Counselling centres are located in some places of Kosovo; one is in Ferizaj and another one in Magura having a special facility, while many others operate in school buildings, such as in: Shtime, Zaskok, Gadime, Kacanik and Hanelez. In counselling centres experts of different profiles (psychologists, pedagogues, speech therapists, special teachers, art therapists and medical workers) are working, creating thus a powerful multidisciplinary team that improves the services offered to children. Teachers, parents and children have the opportunity to communicate and cooperate with different profiles of medical doctors, especially with some profiles of health experts who are not available in the public health system in small municipalities.

Through our cooperation with teachers and schools, especially in the frame of psychosocial seminars, we were able to understand the reforms of the educational system, and this was a good tool for our work with many clients in our regular jobs.

The work with minorities such as with Bosnians, Turks, Serbians and Roma is also an important part of programmes. It is helpful for the integration of minorities in different segments of social life. Working with teachers from minority groups helps us, medical workers, to better understand their problems and difficulties, and to overcome those barriers in a common effort.

The success of the counselling centres is also influenced by another fact – the difficult social situation of many inhabitants of the covered regions, where most people do not even have money to pay the transport to public health services within big municipalities. They can not reach those services, but they have the possibility to use services provided by QPEA.

Inter-sectorial cooperation between the school and the health system conducted by QPEA and particularly by counselling centres, has also contributed to the realisation of a comprehensive and systemic concept of interventions linking prophylactic, diagnostic, and therapeutic or rehabilitation interventions. In the frame of counselling centres in those processes parents, teachers, volunteers, experts of different profiles join their efforts to help the child in need.

Besides others, the two concepts implemented in Kosovo after the war, “Family Medicine” and “Community Based Mental Health” has been successfully realised throughout the establishment of the counselling centres.

Currently mental health care is rather hard to be conducted in institutional services of Kosovo since in this region, besides many other factors, the presence of stigma is a barrier. Therefore to send a child to a psychologist, to a child psychiatrist or to an adult psychiatrist, would not be seen as a good action and immediately the child would be labelled as “mentally ill” or “crazy”. However, bringing a child to the school in the frame of an outreach visit of professionals or to the counselling centre (mostly located inside school buildings) is not considered as a big problem. The out-reach visits to schools and counselling centres make the whole remedial work and cooperation much more effective.

The two main current handicaps of the psychosocial programmes are:

- Lack of possibilities to become recognised as state services, financed by the government;
- Inability to expand the programmes and services (counselling centres) all over Kosovo; although a large number of schools and regions has already been involved, there are a lot of others who have not had this opportunity yet.

3.3. Conclusion

The medical profession contains a lot of unexploited resources for mental health protection of the population. Medical workers from primary health care services and hospitals are serving a huge number of persons having also mental health problems or being in distress. Developing a comprehensive approach to the patient is needed not only in areas affected by armed conflicts and social adversities, but in normal life circumstances as well.

Outreach activities have an important influence on broadening the medical approach with a better understanding of social influences on health and illness, on help-seeking behaviour and on the healing process.

For professionals working in the mental health field it can be very instructive to see the mental health situation of the population in the field outside out-patient

services. They can recognise the scope of their institution and service based activities, which they see only with mental health persons in their regular jobs. Mental health workers became aware of the necessity for spreading their knowledge among other professionals (teachers, health care workers in primary health or in hospitals, etc.), who are shaping the quality of life of people with whom they work.

4. The principle of snowball and synergy – some complementary activities

The described programmes generated or triggered other complementary activities which enriched the content and impact of psychosocial support provided by QPEA to Kosovo. Some of them were:

a) Children's rights

An important way of activating local resources is to empower people to stand up for their rights. Particularly children and youths need more knowledge of their rights, practical skills for claiming and advocating their rights and empowerment for enforcing their rights.

The issue of children's rights has been a topic treated in psychosocial programmes for teachers. Special attention was paid to children's rights in school.

A programme on children's rights was run as an OSCE pilot project named OUR RIGHTS in Kosovo in 2005, based on the Convention of the Rights of the Child. 27 teachers of different ethnicities were trained for implementing the programme in classes. 2407 children aged 10 to 12 were included in the programme. The teaching materials consisted of a set of teaching cards for pupils and a manual for teachers.

The programme will be continued in 2009. It will include 1060 teachers and about 32000 children (including children with minority backgrounds) of the sixth grade.

b) Stress management training for workers of the Ministry of Justice of Kosovo

The three-day seminar was organised in 2008 by request of DFID (Department of International Development) and implemented by QPEA. The aim of the seminar was to help workers working on identification of body remains of found miss persons, bringing the news to the family and other tasks heavily loaded with distress and trauma. It was attended by 50 participants, all of them staff members of the Ministry of Justice of Kosovo.

Some topics discussed in the group work were:

- Identifying the most pressing problems at work;
- Identifying psychological problems of the staff members of the Ministry of Justice;
- What helps to cope with work related burdens and stresses: self-help and support from the environment?
- Communicating the tragic news to the families;
- How could volunteers be helpful to the staff of the ministry?

- The influence of one's work on the family and family relationships, burdens and support.

Employees of the Ministry of Justice have a huge need for a similar training which would help them to cope with stresses and secondary traumas related to their work. The specific situation of Kosovo with a huge number of missing persons, difficult working conditions, is increasing the necessity of such programmes.

c) Publications

Publishing is an important tool for running psychosocial programmes. Published materials have sustainable value. QPEA has published numerous books and brochures in Albanian language. Until now the following books were published:

- "Creating Good Contacts with Children in the Classroom" (Si të krijohet kontakti i suksesshëm më nxënësit në klasë), Bonnie Miller; 7,250 copies;
- "Communicating with Children" (Komunikimi me fëmijë) – B. Miller; 8,000 copies;
- "I Can Learn" – brochure "Unë mund të mësoj" -leaflet – B. Miller; 8,400 copies;
- Informative Guidebook for the Counseling Center (Udhëzues informativ për Qendrën Këshilluese); 3,000 copies;
- "Empowerment of Children" (Forcimi i fëmijëve) – D. Adjukovic with co-authors; 5,000 copies;
- Professional Burdens of Teachers (Ngarkesat profesionale të mësuesit) – Group of authors; 1,500 copies;
- "Fear in School, Fear from School" (Frikë në shkollë, frikë nga shkolla) – A. Mikuš Kos; 3,000 copies;
- "Voluntary Work in Schools" (Puna vullnetare në shkollë) – A. Mikuš Kos; 5,000 copies;
- "School and Mental Health" (Shkolla dhe Shëndeti Mental) – A. Mikuš Kos with co-authors; »Dukagjini« (Dukagini Press), Peia, Kosovo., 2007; 293 pages, 2,000 copies;
- Teachers in Areas of Armed Conflict: a Manual – A. Mikuš Kos and co-authors from QPEA. Supplement to the Journal Intervention. Vol.3 Nr.2, July 2005; 65 pages www.interventionjournal.com.
- The same manual was translated in Albanian (Trajtimi i mësuesve në vendet me konflikte të armatosure) and published by War Trauma in 2008.

Publications in multiethnic seminars including minorities are distributed to participants in their respective languages.

d) Cooperation with the media

The philosophy, knowledge and know-how of protection and psychosocial well-being of children have been spread by QPEA through media. A

substantial number of papers dealing with topics of psychosocial seminars for teachers and presentations of other programmes of QPEA were published in Shkendia – the journal for teachers in Kosovo, distributed in all primary schools of Kosovo.

Over a period of two years, every Saturday morning, QPEA ran a radio broadcasting programme on psychosocial and psycho-pedagogical issues for parents and teachers and for the public at large.

e) *Cross border activities*

QPEA transferred its experience and expertise to neighbouring countries. Psychosocial trainings for teachers from the Albanian ethnicity in Macedonia were run by trainers from Kosovo. Some psychosocial programmes and programmes of school based voluntary work were run jointly for teachers from Kosovo and Albanian speaking teachers from Macedonia; those programmes took place in Kosovo and sometimes in Macedonia. Programmes developing school based voluntary work were run by trainers from Kosovo in Albania in 2006 and 2007.

Recently QPEA has been included, together with Albania, Macedonia and Serbia as partner in the *Regional Youth Civic Project “Developing voluntary work of children and youth on Territories of Western Balkans as a Means of Preparation for Citizenship in Democratic Society”*, financed by American Embassies in the respective partner countries.

Professionals working in the frame of QPEA participated in many international conferences, most of them including countries from the former Yugoslavia

f) *Organization of international conferences*

QPEA organized in cooperation with foreign or international organisations (NATO, OMEGA Health Care Centre Graz, Austria; Slovene Philanthropy, Slovenia) different international events. The two conferences co-organised by QPEA in Pristina in 2008 were:

- NATO Science for Peace and Security Programs Advanced Research Workshop: Activating Local Resources for Psychosocial Recovery of Individuals and Communities in Territories Affected by War and Terrorism (financed by NATO).
- Returnees and the Social Reconstruction of Communities Affected by Armed Conflicts: The Challenge of Good Practice in International Return Programs to Kosovo International expert conference (financed by the EU).

g) *Bursary programmes*

The Bursary programme started in 2000. Its aim is to support socially most deprived pupils of secondary schools and university students. Bursary students, besides their excellent success at school, also act as volunteers. In the years 2008/09, 238 secondary school pupils and 20 university students received a monthly scholarship. Many students would not be able to continue their studies without this support. The programme is generously financed by the Foundation Solon from Switzerland.

h) Material assistance

A limited quantity of material assistance is provided by QPEA. Mainly it consists of looking for donors for some urgent medical needs of children from schools included in the programmes (for instance eye surgery). QPEA also distributes some computers to schools. A huge quantity of used toys was collected in Slovenian kindergartens and schools and sent to Kosovo. Those were distributed to schools for equipment of pre-school classes or distributed to children in remote villages.

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Psychosocial programmes can also diminish or destroy local human resources

Anica MIKUŠ KOS

Abstract. The author analyses the impact of psychosocial training and programmes on local human resources focusing on some negative effects. Statements are illustrated with examples from the author's experience of long lasting practice of field work in areas affected by armed conflicts and terrorist acts. The relations between human resources, social capital, capacity building, sustainability, and mental health and psychosocial well-being are discussed. The gap between the declarative need for the mobilisation of local human resources in the frame of psychosocial assistance and the actual practice should be a matter of concern of donors, programme designers, field workers and local agents.

Introduction

Key words of the Advanced Research Workshop “Activating Local Resources for the Protection of Psychosocial Development of Individuals and Communities in Territories Affected by War and Terrorism” organised in the frame of the NATO Science for Peace and Security Programme (2008, Pristina, Kosovo), were “mobilising local human resources” and “capacity building”. Many field workers would be able to add from their experience, to this glossary some opposite terms such as “neglecting human resources” and “destroying existing human resources”.

The mentioned processes, alas, are not rare in the reality of psychosocial interventions and other humanitarian and even developmental aid and relief activities. They are conditioned mainly by a lack of social wisdom or a lack of what is called “emotional intelligence” in psychology, a lack of cultural sensitivity or some times even negligence by some foreign players involved at different levels - from decision makers, founders, to field workers. Sometimes even local players contribute to this process.

Based on my field experience in psychosocial assistance, I present some processes contributing in a positive or negative way to the activation of local human resources which are important for psychosocial recovery, development and the well-being of individuals and communities. Quoted examples and experiences are mostly stemming from my personal work over 17 years with populations affected by armed conflicts and terrorist acts in the Balkans, Caucasus and Iraq.

1. Psychosocial trainings and programmes and activated local human resources

Psychosocial training is the most frequently used tool of psychosocial assistance to regions affected by armed conflicts. Basically it is aimed at developing local human resources and building capacities for psychosocial assistance. The quantity and quality

of the impact of the programme, the implementation of acquired knowledge and know-how reflect the activated local energies by the training. Sustainability understood in a broader sense (see below) is a long term indicator of activated resources.

In the present paper I will not discuss the benefits of trainings. In concordance with the title of the paper, I will focus on most frequent weaknesses of trainings hampering the activation of local human resources.

According to my experience, *trainings include or produce various categories of trainees* relating to the implementation of acquired knowledge and other obtained benefits. The great majority of trainees do benefit from the training in one way or another. But the aim of this text is to focus on the problems:

- Some trainees do not use new knowledge and know-how at all. There is a group of chronic training attendees, being present in all possible conferences and workshops who do not implement much or anything they hear.
- Some trainees fake to have learned the lesson, they use the new wording, but as a matter of fact they do not change anything neither in their thinking nor in their practice. A good example is the paradigm of community based programmes. When community based programmes became fashionable and got more chances to be financed by foreign donors, many local (and international!) professionals started to use the new vocabulary, without changing anything in their concepts or practice. Their new wording might create the illusion that the programme brought new ideas and a fresh wind in mental health protection, while in reality this never happened.
- Some trainees use the gained knowledge uncritically without adapting it to the realities of their work field - the local values, habits, prevailing concepts of child upbringing, etc.
- Some trainees discard the learned practices after the termination of the programme: They abandon the innovation when the programme is over or even during the programme, mainly because they find out that the method does not work in their culture or social circumstances. Good examples for this are some western anti-stress programmes.
- Some participants attend the programme, because they have to, although they are saturated with training, and their usual work might suffer because of their frequent absence. To give an example: a Bosnian social worker, one among few social workers in a small town, said with humour, that he was the continuous “victim”, forced to take part in all trainings run in his district. The benefits of such trainings for a person being pushed in the programme are limited; it could even be a waste of local professional energies.

Certainly, many trainees succeed in synthesising the new knowledge and know-how with their previous concepts, experience and wisdom. Their sensitivity and capacity to understand and recognise problems increases, they include new strategies in their repertoire of assistance to people in need. They use their new understanding and skills also after the termination of the programme which means that the programme achieved sustainability, although this quality would most probably not be confirmed as “sustainability” by the majority of donor organisations who only view the continuation of activities in a formal setting as “sustainable”.

Of course, we should be careful not to categorise people. The use of knowledge and new experience depends upon personality, circumstances, compatibility of the philosophy and methods with local values, beliefs and ideas, acceptability for the local population and the feasibility in given circumstances.

The organisational character of the training is of crucial importance for its impact. Training can be isolated events: foreign experts come, run the seminar and leave; there is neither continuity nor strategy assuring the implementation. Without reinforcement of implementation by trainees, the output of training in terms of activated local energies will be small. Maintaining continuity in psychosocial programmes is a condition for their positive effects on mobilised local resources and cost-benefit effectiveness.

The aims and methodology are interconnected qualities determining how the training and the whole programme will influence the activation of local human energies. Training can be of purely educational nature, aimed at teaching ("pour into the brains of trainees", as we say in the Balkans) new methods of psychological or psychosocial help to traumatised people or people with other difficulties. Emotional empowerment, motivation and support to trainees are not an explicitly planned component of the programme. In any educational program, motivation and empowerment for the implementation and the action are important. Those components are particularly important when dealing with people affected by armed conflicts or terrorist acts. We must bear in mind that we deal with participants of training who themselves suffered a lot and are affected by post conflict social adversities. For continuing, reinforcing or newly starting psychosocial activities, they need motivation and energy. In Kosovo, thousands of teachers who have participated in psychosocial trainings put as the most important benefit of the programme an increase of energy ("we charged our batteries"), which helped them to remain or become more sensitive to the distress of their pupils and to provide support and assistance to them.

Empowering and energising participants is more than some therapeutic group session in which participants deal with their own traumatic experiences. It is about giving them vigour and zest for the assistance to others, for becoming active players in the social tissue of their life space or work space.

The process of empowerment and motivation of trainees runs through different channels. A very important one is the acknowledgement of the local trainees and population in general: acknowledgement of their suffering, losses and of coping with those, of human dignity and solidarity, and acknowledgement and respect for what participants of the programme have done to assist others before the training. A quite arrogant attitude of foreign trainers is to present new knowledge, for instance on psychological aid to traumatised people, as a panacea, without paying consideration and respect to the immensity of support having been provided before and without psychosocial training by trainees, families, teachers, medical workers and the social network at large to people in need. Among the aims of any training should be the activation of existing dormant energies, practices and wisdom of local players needed for the support and assistance to others which have been suppressed by exhaustion or burn out.

Recognition of suffering, coping, strength, altruism, assistance to people in distress, and *acknowledgement* for successful interventions done before the training, expression of respect for the experiences and wisdom of trainees and locals in general, good human relations and a humble attitude of foreign experts, are the platform of participative and productive collaboration between foreign experts and local people.

Capacities of trainees and other local players should be respected. The trainees are people exhausted and psychologically affected by trauma, losses, worries for survival, with a lot of existential problem. They are not used to sit and listen or perform exercises for hours. Their learning capacities are limited. Some foreign trainers do not show enough concern for this issue. They simply apply the usual models of workshops and trainings run in the western world. I remember a training for teachers from massacred villages in Kosovo ran some months after the termination of armed conflicts and after the return of hundred of thousand of deported persons. Very ambitious young psychologists kept exhausted teachers in training until 10 pm. in order to properly terminate the planned programme and exercises, because the group did not proceed as quickly as expected by trainers.

Combining empowerment with education is of greatest importance. People are tired, capacities for providing support to others are hampered by multiple traumas, losses, disappointment, social adversities. The philosophy and methodology of trainings and programmes should consider those circumstances. Learning should not be only theoretical, experiential and practical. Even more important is that trainees and other local players receive emotional support and empowerment. This component should be deliberately built in the programme.

There are immense local resources which can be used in the process of psychosocial training. For instance, teachers own a bulk of good practices and wisdom which could be of much greater applicative and motivational value than the lectures of foreign experts. In interactive trainings, those practices can be exchanged among participants and fertilised by new knowledge. Much more acceptable and replicable is a living example presented by a fellow teacher, than theories or examples from another world, presented by foreign experts. I usually tell teachers in my trainings that a most valuable manual could be written from their experience. I heard many amazing examples of how teachers used CBT (cognitive behavioural therapy) techniques very successfully in healing school phobia, social phobia, etc. This happened in most remote villages of Kosovo or Caucasus, sometimes among teachers who had only middle school education, and who were totally ignorant of the concept of CBT.

Applying the methodology of participative and interactive learning through giving trainees a lot of opportunities to present and share their own examples of good practices and of failures, is of highest value for the momentum of implementation.

Mutual learning among members of different groups, the group of international experts included, is a fertile cognitive and emotional tissue for the application of new knowledge.

The gap between existing knowledge and experiences of participants and new knowledge and experiences brought by foreigners should not be too wide, so that novelties can be accepted. This proximity is an important condition of the success of the training.

Thoroughly monitoring the implementation process, repeatedly motivating trainees for it, and providing group or individual supervision for presented cases, are components contributing to the use of knowledge by trainees. A practical tool enhancing the implementation process is to ask teachers at the end of the training what they will concretely do after returning to their schools. At the start of each next training or encounter the applied approaches and activities in between the two educational events (asking for very concrete examples) should be systematically assessed. Reported cases should be discussed with trainees. In this context, it is useful to know that the word supervision is very unpopular in many countries. The terms "consultations" or

“searching together for solutions for complicated cases” will more likely create an atmosphere of trust allowing trainees to speak also of their failures.

The topic “*when our interventions and efforts do not achieve any result*” is important for showing trainees that our possibilities of assistance are limited; that we all (even mental health professionals) have unsuccessful cases in our history; that sometimes positive effects appear with time distance; that in certain cases impacts of assistance are not obvious in terms of elimination of symptoms (for instance, the learning difficulties persist, but the child is less unhappy and has more self-esteem; or the bed wetting continues, but the child is not any more punished for doing it by parents; or the hyperkinetic child continues to behave in a disruptive way, but he is no longer punished by the teacher). Interventions can improve the quality of life without eliminating the symptom. The medical notion “to live with a disease”, to improve one’s life with the symptom, can be applied for some psychological, psychosocial, psychosomatic or learning disorders as well. Treating the topic “when our interventions do not make any tangible change” is preventing disappointment and keeps some trainees from abandoning the endeavours.

Some concepts and contents of training can be an impediment for the implementation. It is not rare that foreign trainers bring to local people a bulk of new knowledge based on unfamiliar concepts and philosophies. Trainees kindly listen to international experts. At the end of the training, they give high marks in the evaluation forms. The novelty is interesting to them, but the level of use or possibilities of implementation are very small or even negligible, due to huge differences between local people and foreign experts in viewpoints, concepts, and personal experience. The new knowledge on mental health and its protection can be sometimes even perceived as depreciating existing local practices. Huge differences between international trainers and local trainees in life philosophy, views on the nature and causes of difficulties and on upbringing practices obstruct the learning process, and particularly the use of knowledge.

I had an interesting experience working with Chechen and Ingush teachers during the first Chechen war. The prevailing belief was (which was some decades ago the belief in Europe and the USA as well) that all emotional and behavioural problems in children, and even many learning problems, stem from harming influences of the family and that the unique way to cure them was to provide love and understanding to the child. So there was quite a lot of blaming on parents and teachers and feelings of guilt in parents and in teachers who did not succeed in helping children with difficulties and children in distress. When starting to run seminars for teachers from North Caucasus, I was very eager, guided by the best intention, to explain that there are biologically “difficult children”, children with temperamental traits which affect the process of socialisation, and that the problems in normal life circumstances are most often the result of interaction between the difficult child and his/her environment, and not only the fault of parents and teachers. I wanted to introduce new knowledge about differences in temperament and their impact on socialisation, to prevent blaming parents and self blame of teachers, to transmit the idea that sometimes love is not enough for helping a child with difficulties, that some social learning, disciplinary measures and instrumental learning assistance are needed.

But my message did not reach the trainees. They limited their interventions on improving relationships with the child, on increasing the understanding of the parents for their child, and other certainly most important, but often not sufficient remedial approaches of emotional nature. Establishing a firmer structure and clear limits to the

child concerning his/her behaviour, introducing some activities which can help to develop a sense of duty and responsibility in the child, or providing practical learning assistance in children with learning difficulties, were not included in trainees' repertoires of help to the child. So I had to calm my ardour and had to introduce slowly (starting with differences in vulnerability/resiliency which was familiar to their experience) the concept and meaning of individual differences in the process of development of disorders and prevention of disorders, the importance of learning discipline and self control and the importance of social and school learning. It took a certain amount of time, about two years, before we succeeded in building a common platform of views on assistance to a child with difficulties which included measures beyond love and understanding. I should add that in Chechen families there are very strict rules of behaviour with a stern social control. In the frame of the seminars we were discussing cases of children who for different reasons did not conform to the expected behaviour or achievements.

Sometimes the knowledge and know-how provided by the programme are not in synergy with local philosophy, know-how and experience. Those are not integrated in the programme, or to put it in a more appropriate way, the programme is not integrated in them, and therefore not enriching and upgrading them in a productive way. So a huge number of local attendees sit, listen and after a while forget. They do not put the provided knowledge to use. Instead of using existing local knowledge, values and experience, and synthesising them with the new ones, some international trainers bring a well wrapped package of modern concepts and guidelines, which do not change much the concepts and behaviour of local helpers. A synthesis between existing values, beliefs, concepts, and new ones should be developed step by step. The value of local explanatory models and old practices should be recognised and respected. Radical changes of paradigm are not working, at least not in practice.

The following example is taken from my work with Iraqi trainees: Teaching treatment of traumatised persons or otherwise psychologically harmed persons in the Islamic world, without taking into account the religious dimension of coping and recovery process, is not a very efficient way of training teachers or primary health care workers. When introducing the notion and application of protective factors, putting religion as a protective factor on the top of the list, will facilitate much the acceptance of the concept of protective factors and processes and their application in the healing practice.

We should admit that sometimes it is not easy to make a synthesis between the traditional concepts and practices and the new ones. I remember how much energy this process took on both sides – the Iraqi and the European one, in programmes run for Iraqi medical and school workers and religious leaders. In such a process, a foreign trainer can learn as much from his trainees as they can learn from him.

But there are some traditional practices against which, in the frame of psychosocial programmes, we should stand firmly, although not without diplomacy. Such cases are female genital ablation, family violence and physical punishment of children in schools. Another example from Iraq: Physical punishment, even very cruel, was a widespread, almost regular practice, in Iraqi schools. The psychosocial programme for teachers aimed primarily at helping traumatised children and their families, soon started struggling against physical punishment in primary schools. The incentive for this component of the programme came from our Iraqi colleagues. We could say that the programme triggered local forces in the process of advocacy and protection of child's rights – against corporal punishment, sometimes very cruel, as a disciplinary

measure. Our Iraqi colleagues invested considerable efforts in the elimination of physical punishment of children by teachers. What was accomplished, was the merit of local energies, activities, wisdom, know-how and knowledge. The financed programme had the function of a facilitator (in chemistry the word catalyst is used) of the process of protection of children against a traditional practise. The programme provided tools and means needed for the realisation of local endeavours against physical punishment in schools. Among such means were: participatory and interactive trainings for teachers, regular outreach visits of mental health professionals to schools, leaflets, and support to those who were agents of change (local trainers and other local professionals). This is a good example how a psychosocial programme can contribute to launching local resources for positive changes of malpractices not stemming from terrorist acts or armed conflicts.

There are many theoretical schools and different practices of therapeutic interventions and psychosocial assistance. Which methods mental health experts will spread through the training, depends upon their professional background and of course should depend upon local circumstances (needs, acceptability, feasibility, meaning and importance for beneficiaries, etc). Some methods are easily transferable and well accepted by trainees and by the assisted persons. Among those, is the gestalt therapy way of helping children and adults with various exercises, playing, drawing, etc. Social games and exercises from gestalt therapy are often the first choice in method for many psychosocial workers, particularly those working with children; mostly because they are concrete and feasible tools for psychological assistance. According to my observation, this knowledge and applied practice are rather sustainable. People continue to use it, because it is easily applicable. Those remedial approaches are certainly helpful, although personally I consider that only playing social games and providing emotional relief, confidence, etc in an artificial situation – a setting where children or adults are gathered, is not sufficient to help persons with more serious problems, particularly when those affect their social functioning, working or learning capacities. As a child psychiatrist, I am of the opinion that a broader eco-social approach dealing in a holistic way with the child and his environment is needed. There is nothing wrong with games, but without taking care of the reality of the child's life – for instance school achievements, without working with parents, games only aimed at improving the emotional status of a child is simply not enough.

The choice of which remedial approaches to teach is part of the responsibility of the foreign experts. Of course we can state that anything we do to make the life of children or adults easier, to make them feel better, is worthwhile, which is undoubtedly true. However, the responsibility of experts is to maximally exploit the trainings and the programme for a comprehensive approach including the strengthening of coping capacities and the improvement of psychosocial functioning in the realities of the beneficiaries' lives.

Another important issue in the mosaic of activation of local energies and resources is focusing on resiliency, protective factors and processes. All individuals, families, groups, communities possess both – vulnerability and risk factors, strengths and protective factors. All too frequently, programmes focus predominantly on the risk factors and psychological damage, not sufficiently stressing resiliency, coping capacities, the importance of protective factors and processes. Particularly neglected are those which are a part of the every day life environment and could be activated or strengthened by the programme.

The acceptability of the programme and interventions for trainees and individuals, groups, settings, communities to which the assistance is provided is a condition *sine qua non* for the activation of coping capacities of helpers and of beneficiaries of interventions. From my experience I could quote many examples of practices brought by foreign trainers which were not acceptable for local people. For instance Chechen male teachers while participating in social games were not willing to touch women; during the exercise of trust building and other exercises based on corporal contacts, male teachers turned their faces toward the wall, totally excluding themselves from the exercise. But there are more substantial and serious errors, for instance dealing in an inappropriate way with taboo topics such as sexuality.

The understanding of the meanings of the provided assistance for recipients should be thoughtfully estimated and assessed. The importance for assisted persons can be underestimated by trainers and psychosocial helpers. Sometimes helpers ask themselves what the value of psychosocial interventions is to people who suffered so much and are in present time living in devastating conditions. Especially in moments of depression, we are prone to underestimate the value of our assistance. Meanings for the receiving party can be misunderstood. It can occur that the programme provides assistance which does not mean much to clients and/or that there are positive serendipity effects. The relationship between the provided method of assistance and its meaning for the beneficiary can be weak. Let me quote an example: During the Bosnian war (1992 -1995) a group of well intended students from a renowned American university came to Slovenia to provide psychosocial assistance to Bosnian youths in a refugee centre. They taught Bosnians youths communication as a means of relating to people, making friends, ventilating one's grief. To understand the situation, the reader should know that Bosnians are certainly among the most open and communicative people in Europe, verbally and extra verbally very expressive, establishing quickly new contacts and friendly relationships. When I asked a Bosnian boy how the programme was going, he said: "They (students) are crazy. They teach us to smile, to look in the others' eyes, to listen to each others as if we would not know all this. But they are good hearted and we like them, we are glad and we appreciate that they have come from distant America to be with us and to help us."

The relevance of the imported paradigm and concepts for local circumstances, culture, religion, life experience of local people should be carefully assessed. The sensitivity of foreign professionals and their capacity to adapt their package to the local state of mind and circumstances is crucial for the impact and responses evoked by the programme.

However clever and sensitive we are, our programme will never be absolutely appropriate and applicable to the local circumstances. We will always have to adapt the programme *in situ*. We should, particularly in the beginning, be careful which vocabulary we use, which value system, concepts, links with religion and beliefs we promote, which practical exercises we propose to the trainees.

Programme designers and founders are sometimes not sufficiently aware that needs concerning psychosocial programmes are changing relatively quickly. Already two or three years after the termination of the war, teachers in Kosovo wanted to hear about topics dealing with usual school problems: school failure, hyperactivity, behaviour disorders, children with special needs, etc. Organising a seminar only on trauma would not any more attract huge interest. This does not mean that there were no more traumatised children and that treating this subject was not needed. But teachers were facing a magnitude of other job related problems. In Kosovo after two years, the

seminar for teachers had a similar content (chosen by local people) as they would have had in Slovenia. Certainly trauma took more space than it would have in Slovenia, but it was not the prevailing topic. The recovery process focussing more on the present and the future than on the past, contributed significantly to the change of priorities. Speaking about new problems and challenges was an important way of activating teachers to cope with a variety of current problems as for instance poverty and its impact on learning. Being sensitive for what is important in the concrete “teaching moment” can enhance the development of human resources, while ignorance of this aspect can hinder them.

An important motivational factor for the acceptance and identification with the programme is giving the ownership of the programme to the local people. This includes the possibilities to decide about the programme, sharing with them the responsibility for the programme. “You” should be replaced by “we” – the pronoun embracing all players in the programme. Maybe this advice seems superfluous, but from my experience, even in present times this could be useful for some international newcomers in the field of psychosocial training. Also some local professionals, particularly the older generations, who lecture and run the training, might still cleave/stick to the traditional pedagogic methodology – authoritarian teaching *ex cathedra* which creates a vertical distance between the expert who knows all and trainees who should learn and follow his advice.

Assuring a high quality of professional work and experienced experts to run psychosocial programmes in areas affected by armed conflicts is sometimes difficult. You often have to take on people simply because they are available, you do not know them and can not predict how they will behave in the field, how they will run the programme. Many professionals who enter in the field are not prepared for the circumstances in which they have to work and for the kind of work needed. Clinical practice is of quite limited value in emergency situation or in community or school oriented programmes.

The post-conflict situation is a good opportunity for positive changes in functioning of some social systems – institutions, services, social groups. This holds particularly true for changes in the functioning of the school systems. The quoted example of struggling against physical punishment in Iraqi schools is a good example. The group work, interactive learning, the creation of a safe and supportive atmosphere in the classroom, and other goods acquired in psychosocial trainings for teachers, will not be of benefit only for individual children in distress, they will also improve the quality of the school at an institutional level. An analogy could be drawn for trainings held for health workers and their influence on the attitude concerning mental health in health care services. In order to reach more general effects on the quality of institutions and services, psychosocial trainings should not be limited only on traumas, losses and other phenomena caused directly by armed conflicts or terrorist acts. It should achieve a broader scope. Trainings for teachers should deal also with behavioural, emotional, learning, relational problems met in school in normal life circumstances, with existing malpractices in child education and upbringing. They should deal also with social problems faced by children in post conflict circumstances. The period after the termination of armed conflicts can be seen as an opportunity, as a kind of resource for developmental changes of the institutional and social system.

There is a multitude of other factors and processes determining the activated human resources and energies. Proper or optimal timing for psychosocial programmes respective to the intensity of armed conflicts, level of insecurity, lack of basic

existential resources, etc., are among external conditions which should be taken into consideration. However, *even psychosocial programmes run in emergency conditions should from the very beginning be built on local resources; being the basis and start of future developmental aid.*

2. Some other ways of diminishing or destroying local resources

Sometimes foreign assistance can produce negative effects on local human resources. Some experiences from my practice are listed:

Local professional resources could be drained out from the neediest spheres of mental health care and psychosocial protection. Local mental health professionals so much needed for population oriented interventions and primary level of mental health care, have often been invited to the USA or to European countries, usually with the best intention, to be trained in highly specialised methods of trauma therapy. Such invitations and opportunities to learn are of course laudable per se. But sometimes they are provided in inappropriate times and circumstances. We are speaking about times when there are a huge number of persons in need for some psychological assistance, when primary mental health or public health interventions and strategies are most needed. Some imported very specific methods and programmes serve very few people. The economy of mental health activities and use of mental health professionals in regions affected by armed conflicts related adversities is an important issue.

The readiness and enthusiasm of local specialists to adhere and dedicate their energy and time to new highly specialised professional activities, has various causes : the naive belief that everything coming from western rich countries is the best; seduction by glamorous methods of treatment; individual professional ambitions or institutional ambitions; and the very common tendency of clinicians to develop more and more specialised and sophisticated methods of therapies, neglecting the importance of public health orientation and strategies. The last mentioned process exists under normal circumstances as well, but its impact is particularly harmful from the public health perspective in circumstances with extreme needs of providing assistance to a huge number of persons. In a small African country there was only one qualified psychiatrist. He was invited to the USA for a psychoanalytic training which he was expected to apply in the post-conflict circumstances of his country belonging to the third world. It is true that the quoted example is more than thirty years old, but similar things happened during the Balkan wars as well. Briefly, precious capacities of rare local professionals are used for activities or methods which do not cover the most urgent needs of the population.

Even more questionable in the emergency phase and during times of huge need for public health and community based approaches, is the involvement of local professionals in not indispensable assessments and research. The expensive, energy and time consuming assessment are justified by the strange assumption, that psychosocial intervention should not be developed without analysing the situation (for instance the number of traumatised persons) and needs. In Iraq one year after the invasion of foreign forces into the country, there was the opinion on the side of some donors that trauma treatment programmes should not be developed without a screening of the population for PTSD (Post Traumatic Stress Disorder). By the way, the very expensive screening project intending to involve also some among the 40 existing psychiatrists (in

whole Iraq), thanks god, did not succeed, and programmes were carried out without previously counting the precise number of traumatised persons. A reason for forcing research and blocking local professional resources for their realization could be the out of scope scientific zeal or even selfish exploitations of the tragic situation for scientific goals by academic institutions or even for personal promotion by individual scholars.

Another way of drainage of local professional resources is *the transfer of mental health professionals from the public sphere to the NGO sphere*. As much as we praise the advantages of the NGOs in crisis circumstance, the movement of professionals from health care services, governmental institutions and systems to NGOs, can be harmful for the existing mental health care of the region or community. Professionals are moving into NGOs for different reasons: better wages provided by foreign or international organisations, more freedom to develop new ideas, better working conditions, etc. The NGOs can achieve great things, but it should be thoroughly considered what it means for the local health care or child care system, to take out a professional from some well established service and involve her/him in the frame of a NGO.

It is considered that NGOs run activities which are no longer run by the state (because of destruction of health, social, education and other systems, etc) and activities covering new needs (for instance, assistance to traumatised people or returnees) which are not yet covered by the mainstream system. Certainly it is much easier to introduce a new activity or new strategies for already existing activities through an NGO than through a rigid administratively run governmental system. But a reasonable balance in sharing the aid resources between the NGO sector and governmental sector should be applied.

In the perspective of mobilising local resources, the collaboration between the NGO sector and governmental sector is of utmost importance. It contributes to the sustainability of the developed psychosocial goods. Sustainability is a part of social capital. Only the liaison between the developed NGO services and existing public services can assure the sustainability of application of new knowledge and practices.

Existing local services and institutions can be *destroyed by foreign interventions* on behalf of reforms and modernisation of existing systems of education, health care, social welfare, etc. It can be done by foreigners providing money and "knowing what is best." A good example is the elimination of school counsellors from primary schools in Kosovo after the war in 1999. In former Yugoslavia primary schools all over the country had school counsellors providing assistance to children with difficulties. They still exist in Bosnia, Croatia, Macedonia, Serbia and Slovenia. In Kosovo, after the war, in times when such school based services would have been most needed, in the region with a total lack of mental health services for children, following the vision of some foreign director responsible for education in the UNMIK government, the position of school counsellor was cancelled and all school counsellors lost their jobs. Instead of using the existing local human resource for psychological and psychosocial assistance to numerous traumatised children in remote villages and increasing capacities of school counsellors through training and other support, the system was destroyed without providing anything as a substitute. Some short term psychological programmes were run in massacred communities. For instance, three visits of volunteers supervised by a psychologist in the school of a village where a massacre killing about 40 civilians took place with children witnessing the massacre. In some highly traumatised communities

even this did not happen. On the other side, a highly specialised assistance – a child psychiatrist outpatient service was established in the capital Pristina which was attended by very few clients. Reasons for destroying existing social and institutional structures can be a too fervent zeal of foreigners to modernise the underdeveloped countries. Sometimes even local actors contribute to this process, for instance, ambitious local health care professionals driven to develop highly specialised services and neglecting the empowerment of primary health care in a situation in which public health approaches based on grassroots local institutional and professional resources are most needed.

A potent way of hampering existing human resources is also maintaining such an organisation of everyday life (in refugee or camps for internally displaced persons for instance) *in which people are inactive and feel totally dependent on foreign aid, which results in passivity and diminished coping capacities of the population*. People are besides being victims additionally pushed by external circumstances of assistance into the role of helpless victims.

3. Capacity building, sustainability and social capital and their connections with mental health and psychosocial well-being

The term capacity building is used to cover a wide range of activities that are intended to improve individual, organisational or societal capabilities. In the context of developing countries, the UN Development Program (UNDP) has defined the term capacity, as “the ability of individuals, institutions, and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner. It includes providing a voice, a venue, and support to individuals and communities to develop and solve problems in a productive way”. The goal of psychosocial programmes is local capacity building at different levels: the individual level for coping, the professional level for improving capacities to help people in need, the institutional level, community level or state level.

Capacity building is inseparably connected with sustainability. Knitting the knowledge and new experiences stemming from the programme in the social tissue, establishing different combinations of synergies, is building sustainability of positive effects provided by the programme.

Sustainability derives from the verb “to sustain” meaning: to hold up; to bear; to support; to provide for; to maintain; to sanction; to keep going; to keep up; to prolong; to support the life of (Chambers Concise Dictionary). Usually, under the notion of sustainability of psychosocial programmes we understand that after the termination of the programme and the end of foreign financial support, the introduced activity will continue in an organised way under the umbrella of the government or by local self financing NGOs. In the psychosocial and mental health field (and not only in those!), the situation is quite specific. Sustainability understood only as the continuation of psychosocial programmes without foreign assistance and their implementation in regular services, are mostly an unrealistic expectation. In conditions of poverty, lack of resources, psychosocial programmes and mental health protection are always considered as a luxury for which money can not be spent.

Sustainability in the psychosocial and mental health field should be seen in a much broader perspective:

- long lasting impact of psychosocial programmes and interventions on the recovery and development of individuals who are direct or indirect beneficiaries of the programme;
- developing new professional knowledge and know-how (for instance in teachers, health and mental health workers) which will not be erased after the termination of the programme and which will affect the mentality and work related behaviour of persons included in the programme in future; a part of persons involved in programmes will not forget what they had learned and continue to use it in their professional work;
- long lasting impact on the recovery and development of the institutional systems (for instance school system) and communities through increasing and enriching knowledge, experiences, motivation and energy of players and people in general; through enhancement and facilitation of some processes of modernisation of systems and services (for instance, putting into practice interactive learning, group work, creation of a supportive and motivational school and class atmosphere which are basic components of the school reforms taking place all over the world in post-conflict times).
- and many other spin-off effects of psychosocial programmes which are mostly not measurable; among them is certainly the increase and activation of social capital.

It is quite surprising how rarely the notion and value of *social capital* is presented in debates on sustainability. Social capital can be defined as the way individuals and groups activate their resources through mutual links. It develops human potential through bridging and ties which results in synergies aimed to attend common goals. The social capital increases the potentials of a social organisation and individuals who are members of social organisations. Its characteristics are pro-activity of citizens in the social context, participation in solving problems of deprived individuals, environments and communities, interpersonal and inter-group links, trust and security feelings. Social capital can be features of social life: the quality of relationship, trust, norms, reciprocity, solidarity, participation, networks, voluntary work. The social capital has an influence on interpersonal and inter-group contacts and on the degree of tensions in communities. These processes are of particular importance in regions affected by armed conflicts and social adversities.

The level of social capital is not constant. For instance in crisis situations (wars) it is usually high, in post-war periods it decreases in combination with general depression, disappointment, deterioration of the social circumstances. Therefore it is of special importance to encourage and assist the development of social capital in post-conflict time. There are very limited possibilities for measuring the quantity, quality and impact of social capital, particularly in the perspective of sustainability. Thus when neglecting the above mentioned dimensions, a most important substance is omitted from evaluations and reports on sustainability.

Social capital is linked with mental health and psychosocial well-being of individuals and communities. Social capital which refers to the social relationship, networks, support, mutual help and solidarity, has a proved beneficial impact on diminishing the effects of poverty, preventing illnesses, psychological and psychosocial

disorders, on increasing safety and well-being in general. Social capital is related to stability, safety, trust, solidarity, support inside networks and many other goods important for our feelings, level of distress, available resources, optimism and hope, self-esteem, in short for our mental health and psychosocial wellbeing. Researchers indicate that the impact of social capital on health and mental health might be most crucial for families which have fewer financial or educational resources. Families affected by armed conflicts are in manifold adverse conditions in which social capital is particularly precious.

Psychosocial programmes can activate human resources at large in communities. Voluntary work is considered as a way to increase the social capital of a community. It is a resource of human energies helping people in distress. It improves the quality of institutional delivery and functioning (schools, hospitals, etc.) and it can have an impact on the quality of life of the whole community. It spreads the ideas and practice of solidarity much needed in post-conflict circumstances.

Voluntary work as a way of activation of youths for the benefit of the community is of special importance for present time and for the future. It empowers youths; it has a positive influence on their views of their own situation – adolescents do not see themselves as helpless victims of evil forces and events, but as individuals who can make a difference to others and to the community, it increases their coping capacities and their self-respect. A sustainable effect of youths volunteering is that it prepares them for responsible and participative citizenship in their future society.

A most important way of activating local resources is the empowerment and development of the social network in everyday environments of the assisted population. These networks consist of family members, members of the school, the neighbourhood, religious groups and other social groups in the frame of the community that can provide a buffer against adverse life events and living conditions and resources for coping.

The social network as a resource of assistance and strength is always present in some form. In crisis situation it usually strengthens, in long lasting post conflict adversities it often fades. The esprit of collectivism is gone and everybody starts caring for his own benefit and the benefit of his immediate family. An illustrative example is the parallel school system in Albanian language operating in the 1990s in Kosovo. This system was developed as a parallel educational system to the Serb school which Albanian children were not allowed to attend or to which their parents did not want to send them. At the beginning, teachers worked for free, later for some small compensation. Private houses and apartments were made available for classes. When the conflict was over and the UNMIK government was established, there was much less support to local schools and much less solidarity in general within the community. *Renewal of solidarity in post conflict time is an important source of recovery of communities and individuals.*

Developing synergies as an added value to activated single resources deserves special attention. There are countless combinations of possible synergies: between foreign and local resources, between the governmental and nongovernmental sector, between formal and informal structures, between various fields of caring activities. Very productive, although often neglected, is the synergy between material and social/psychosocial reconstruction. For instance, the time of building or reconstructing a school edifice, is an excellent opportunity for running a psycho-pedagogic or psychosocial programme for teachers. Starting to work in a new or renewed building is a turning point in which also innovations and ameliorations of the educational process

can be introduced. Synchronized material assistance and psychosocial or psycho-educational programmes can considerably increase the impact of assistance. I remember a Danish project, much praised by the local population in a very poor village of Kosovo: a psychosocial programme for teachers was combined with the provision of snacks for children twice a week. Another example is a programme in Kosovo combining psychosocial activities with a bursary system for poor students. In emergency situations, even spreading information and coordinating programmes to a minimal extent, can be a huge problem. To develop planned and controlled synergies can be an even more demanding task.

Linking the activities of NGOs with the governmental structures contributes to the sustainability of the novelties and qualities introduced by the programme. Obstacles to sustainability (in the usual sense of the term) of psychosocial programmes have already been mentioned. Governmental policies and institutions have other priorities than psychosocial recovery and wellbeing. In difficult circumstances for a Ministry of Education or Health, the psychosocial issue can be seen (although not articulated) as a trifle or luxury. Tact and understanding is needed in order to involve governmental structures in psychosocial programmes. The first step is to get the permission to run a programme in the frame of educational, health care, social welfare systems. Inviting representatives of the system to take an active role in the programme is very helpful. So is reporting about the programme to the authorities, even if there is no formal obligation to do it. Promoting the programme in different settings and structures will contribute to its acceptance by the authorities. It can take a certain time before authorities recognise the value of the programme and start to support it. The relationship between the institutional system and psychosocial programmes run by NGOs also depends on the position of local players and their professional or personal relationship with authorities and related institutions. It is advisable to include in the programme persons, who have good such relationships.

The interdependence *of individual recovery and the recovery of the community* is an important issue in the context of activation of local resources. For instance, improving the life situation of individuals at the margin of the society is also reducing tensions and social insecurity, developing stability in the community at large. In present time, conceptual frames linking the psychological, psychosocial and societal dimensions of recovery and development do exist. Again, the problem is how to put them into practice. Community based and school based programmes are royal ways of putting these concepts into life. School based programmes certainly suite the characteristics of community based programmes.

4. Community based interventions and their function in the mobilisation of human resources

The term “community based” has many layers and components. It means running activities which serve a wide range of entities (persons, institutions, etc.) or cover substantial segments of the social tissue of the community. It is supposed that community based programmes, interventions and measures have an impact at the community at large. The other facet of community based interventions is using resources from the community for those activities and processes.

Some concepts and assumptions connected with community based programmes are:

- The public health approach: aimed at providing basic assistance to a large number of persons; an effort organised by the society to protect, promote, and restore people's mental health, psychosocial functioning and coping capacities. It is the combination of sciences, skills, and beliefs that is directed to the maintenance and improvement of health through collective or social actions;
- Only including a wide range of entities (individuals, groups, institutions, organisations) in the programme or process will have an impact on coping, recovery and activated capacities in the community and of the community at large;
- Programmes are based on the activation of first line resources in the community (teachers, medical workers, volunteers, etc.);
- Even low profile psychosocial assistance (which is usually provided in community based psychosocial programmes) can have an important impact on coping capacities of people in psychological distress.
- Community based programmes connect in practice social capital and psychosocial well-being;
- There is an interrelated and interactive relationship between psychosocial well-being of the community and of its individual members.

A good example of the last point is multiethnic psychosocial seminars for teachers in areas affected by interethnic conflicts. Rebuilding coexistence and satisfactory human relationships among different ethnicities, is a most important condition of stability and security, which certainly is of huge importance for mental health and psychosocial well-being of the population. Only speaking about mutual tolerance and good relationships is not enough. A more efficient approach is to unite past enemies in endeavours and activities aimed at a common goal. For instance in Bosnia the first co-operations among Bosnian, Serbs and Bosnian Muslims were often established in construction activities when Serbs came to work in the Muslim communities in order to earn money for survival. Running multiethnic programmes for teachers including opposed sides in conflicts is a chance for establishing personal relationships between opposed parties. Learning and behaviour problems of school children are an excellent platform of common concern of all teachers, regardless to their ethnicity or religion.

Bringing different teachers together to spend three days in a seminar, can have unexpected results in the improvement of their relationship. Teachers are a promising target group for the process of reconciliation. Teachers in rural areas are to a certain degree ideological leaders. Their attitudes are not only influencing their pupils, but the whole village and the community at large. The good experience with the "enemy side" during a seminar will not work miracles, but it can reduce tensions and hostilities. The seminars for teachers organised by NGOs are a favourable starting point or breeding ground for such processes. Attendees from both sides will be teachers who are more tolerant, less extremist in their attitudes. Teachers ready to attend a multiethnic seminar can be ambassadors of reconciliation. The presented example demonstrates how psychosocial or psycho-pedagogic programmes can activate the social capital in favour of stabilisation and reconciliation.

5. Putting ideas into practice

The presentations of psychosocial activities run in the frame of QPEA in Kosovo illustrate the transfer of described concepts into practice.

I will end my paper with an example of a psychosocial programme for teachers run in North Caucasus - North Ossetia-Alania (financed by War Trauma Foundation, the Netherlands), which illustrates how the above exposed ideas can be realised in practice. The programme was aimed at educating and empowering teachers for the psychosocial assistance to children in distress and for creating a supportive and pleasant psychosocial school environment.

The strengths of the programme which were seen by teachers also as most empowering them and their beneficiaries - pupils and parents, were:

- Holistic approach dealing with the whole spectrum of difficulties of school children, not only with trauma
- Practical orientation based on mutual exchange of experience
- Methodology based on interactive learning and active participation of trainees as a very good tool of involving and energising participants
- Contents which could be used by teachers in coping with their own psychological problems
- Inclusion of teachers from remote mountain villages and other distant localities
- Russian as the official language in the programme
- For the realization and implementation of the programme a close cooperation with relevant local professional institutions and national/local authorities was of immeasurable value
- Acceptance of the programme by teachers and school authorities
- Motivation of participants for implementing the acquired knowledge in their everyday school work
- Inclusion of a sufficient number of schools and school workers which can have an impact on the school system in the region
- Local capacity building
- Continuity

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Concluding comments: Contexts and topics of the NATO Advanced Research Workshop in Pristina, Kosovo, April 2008

Emir KULJUH

In the following I would like to go into some main aspects that have loomed large in the process in former Yugoslavia. This complex of problems is similar and comparable to others in other regions of the world.

First of all the easiest question is: Is it possible to implement changes in political systems in a silent and peaceful way or only by appliance of violence, or in the most extreme case by war? Who plays what role according to these changes? Individuals, the close social environment, groups, society, or yet another player?

It should be possible to implement political changes non-violently and peacefully but history proves once and again that democracy and democratisation have mostly been the results of violence and war. Therefore the question of the meaning of democracy arises and why violence and destructiveness - almost up to self-destruction - have been continued throughout history. Again and again we find ourselves at the end of a development and confronted with a re-start.

We have discussed and still do the role of individuals, groups and society in the post-war period and the available resources for social reconstruction. Especially these persons and these groups of people were forced into war by the rest of the world which allowed the war to happen by knowingly turning a blind eye, looking the other way, and choosing neither to prevent it nor to interfere but simply to accept the war.

Years before the war in former Yugoslavia it was neglected to prepare a good process to implement changes in a peaceful way. At the same time it was impossible to claim that we didn't know what would happen since we can look back on thousands of years of experience. Nevertheless the negative and destructive process was supported and followed through.

We observed and let it happen, we even took part in it. Individuals, families, ethnic groups and parts of the society were destroyed and expelled perhaps with the aim to achieve something else.

How was the decision reached to apply the mechanism of war and violence for the implementation of changes although we already knew in advance how extensive and devastating the consequences would be and how long it would take until war wounds would heal and until we get over the trauma?

Was this a conscious decision? Are we going to keep applying these same strategies anywhere else in the world in the future? Or are we going to look for other options that are not connected with pain, injury and loss? Will we be able to find better strategies for changes towards a worldwide peaceful coexistence? These questions will remain unanswered: Can we? Do we want to?

Due to the violent conflicts in the Balkan states at least on three levels major changes occurred that have an enormous impact on the further development and future of these states:

- On the political and systemic level;
- On the social-economic level;
- On the individual and psychological level.

The war caused an immense number of personal losses and human victims, enormous material damages and was responsible for immense traumatic and psychological consequences. One out of six people of this area (in Bosnia and Kosovo even one out of two!) had to flee from their house and home, lost their social environment, close family members, friends, possession and their security. The personal existence was threatened by immediate danger. In some regions all residents were expelled in the course of “ethnic cleansing” and systematically exposed to physical, psychological and sexual violence, humiliation and discrimination. Due to the special war tactics of closing in on villages and regions and attacking them from all directions, a huge number of civil victims has to be accounted for. Even in the post-war period the escape movement continued when an area was occupied or settled by members of other ethnic groups. All this led to a general poverty which today encompasses all aspects of life. Values that are important for one’s sense of honour such as ethics and morals perished. In multi-ethnic clashes aggression and destructiveness were strong and lead to murder and expulsion of members of ethnic groups from the community as well as to the extermination of specific cultural ways of life and traditions.

Especially in the regions of Bosnia and Herzegovina where almost every street and city was multi-ethnic it shouldn’t have come so far that war and its consequences destroyed life so all-encompassing.

These ethnic conflicts and the resulting political changes, socio-economic factors such as poverty in combination with huge migration movements within regions and ethnic groups led to the development of “clear” ethnically homogeneous territories. A multi-ethnic cohabitation seems to be unrealistic because of various factors and sustained injuries on individual and social levels. The distance between ethnic groups has enlarged in all areas of life (such as ethnic, social, political, material levels). The willingness of the ethnic groups to cohabitate with other communities has decreased considerably or has almost totally vanished. The necessary requirements for the joint development of a common, efficient state are non-existent; the interests are more in ethnically divided intents.

The lack of individual security leads to an unstable political situation. The refugees’ and displaced persons’ situation has become even more complex because their eventual return has a negative impact on a region’s process of stabilisation. Repatriates want to go back to their former home territories because of emotional or material reasons but no one can guarantee a calm and peaceful process of return and reintegration. Mostly there is no personal security, no right to social security, no integration into the job market, a general lack of primary health care and political participation so that returnees find themselves in a ghetto situation once more and experience a lack of security and acceptance. Many of them suffer from severe traumatic experiences with negative emotional memories and hope that they do not

have to continue living with the status of a humiliated person. This has to be valued as a potential social powder keg.

At the same time there are huge tensions due to not being accepted within the respective ethnic group because of having moved to other regions of one's country (internal displacement) and this especially holds true for the group of refugees who had fled the country and had stayed in third countries. Often envy and jealousy because of economic differences play an essential role in conflicts. Some expelled refugees can not return to their own territory, some do not want to because of the mentioned reasons; some don't want to return because they have started a new life in the host country. These are all potential future risk groups.

At this conference many organisations from different regions in Kosovo presented various activities organised for the reintegration of returnees. The requirements for return and reintegration are still insufficiently complied. Necessary but not yet fulfilled conditions are particularly the warranty of personal security, security for the family, free access to work, education and health system without discrimination, acceptance, and support from neighbours with different ethnic backgrounds and provision of housing or restoration of former possession.

We are currently faced with the challenge to come up with a strategy to find resources to rebuild our society and to support its development. At the conference the topics were openly discussed, dealt with and updated by the various participating representatives of a wide range of organisations. Individual and material resources are available; the question is how to use them and what strategy shall be used.

Before the war conflicts were fuelled by the media and by malicious agitation according to alleged differences and disadvantages, people were humiliated and set against each other in various ways and on different levels. The media today still contribute to the ethnic conflicts and resentments instead of promoting reconciliation and peaceful coexistence. Behind this "war of media" are of course people in positions of high political power, especially in Bosnia and Herzegovina.

The gap between the various ethnic groups has increased over the last 20 years; emphasis is placed on the idealisation of the respective group of belonging and the demonization of other ethnic groups. The affiliation to a specific ethnic group or nation ranks among the most important core values and strengthens one's own sense of identity but can be canalised by fears.

It is necessary to support and promote individual values also within an ethnic or national group; attention should however be paid to humanity, moral and ethical values. The social distance that has an impact on emotional distance necessitates that confidence and reconciliation are rebuilt on an individual and ethnical level. Also, for example, confidence-building measures for returnees should be facilitated by local authorities.

Promising would be the sharing and activation of local resources even with the participation of international companies to support the economic development for poverty prevention (e.g. joint development of companies and other measures). The existing natural resources, energy, agriculture and ecology should be made use of, be developed and supported. Referring to this, skilled staff has to be trained within a country and the potential of returnees of third countries should be used.

The implementation of joint projects should not only take place in the economic field but also in the education and health sector, with the involvement and use of the existing potential. In the current situation especially young people appear highly worthy of support. On the one hand they constitute the biggest resource for the

country's future but on the other hand they are especially at risk to suffer from drug abuse and delinquency as a result of poverty, unemployment and general hopelessness and despair.

To invest in education and the creation of jobs seems to be one of the main tasks for the near future. Also to be considered are the provision of a safe income and basic financial security for the elderly and ill people. Free access to the health system and to medical treatment has to be facilitated for all people in every region (e.g. in Kosovo pharmaceuticals are not affordable for people with low income) and equal treatment in all areas of life for every group has to be guaranteed (there still are exclusions and disadvantages e.g. to returnees, Roma, minority groups and others). Freedom to travel to the EU Member States is not possible at the moment and is a huge barrier to the development of education, the economy, tolerance and contributes the feeling of isolation and mistrust. There is also a kind of rural depopulation since the rural population runs a higher risk of poverty than the urban population. Basic conditions have to be created which support agriculture and which make it possible to replace the high number of imports by national products. Due to the fact that many women have become widows, there are many single parent families. Many women suffered terrible experiences like rape during the war. This is why they need special benefits and care. One of the major challenges is to fight corruption and to restore confidence in local and state systems. The empowerment and consequently active takeover of responsibility for one's own life in the changed post-war situation shall be enabled and supported by the above mentioned points and it shall have a positive impact on other social levels.

All the mentioned points are pursuing the aim of stabilising the political situation. The starting points are changes at the individual level and the use of individual resources which will lead to changes at the social level. In conjunction with e.g. local energy resources in cooperation with international companies and investments, security and development shall be achieved and future conflicts shall be avoided.

Based on the conference presentations of different projects and models, the following proposals that provide a basis for activation of individual and societal resources and a means for reconciliation and facilitation of peaceful coexistence were discussed in the course of the workshop:

- The direct contact between government institutions and organisations and the population is to be established and kept up to find out what the population's basic needs are.
- A process of coping with grief at the individual and the communal level is a prerequisite for coming to terms with suffered traumata and the restoring of confidence is an essential step towards rapprochement and reconciliation.
- The interpersonal relations within an ethnic group as well as relations between members of different ethnic groups should be supported and encouraged.
- Political representatives of various ethnic groups should be encouraged to plan and implement joint activities for the benefit of common welfare.
- Attended meetings of victims and offenders should be initiated for all parties involved to learn how to come to terms and live with the past.
- Taking over responsibility and in consequence expressing one's personal regret as well as asking for forgiveness of individuals and communities should no longer be a social taboo but be permitted and promoted in open discussions.

- Migration, the process of grief and persons with PTSD are important topics to deal with.
- Family systems have to be supported.
- Successfully implemented projects at communal and social level should be promoted.
- The media should be involved to positively support these projects and to contribute to dialogue and understanding.

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Annex 2 - List of Organisations



Slovene Philanthropy

The Slovene Philanthropy is a non-governmental, non-profit, and non-political organisation established in 1992 with the aim of developing and promoting different forms of humanitarian activities in Slovenia and abroad.

Under the umbrella of the Slovene Philanthropy operate three centres as programme units:

- Centre for Promotion of Voluntary work,
- Centre for Psychosocial Help to Refugees and
- Centre for Promotion of Health.

The creation of the forth unit - Centre for International Activities - is in preparation.

The main objective of the Slovene Philanthropy is to encourage and spread volunteering and other charity work in the social field.

The Centre for Psychosocial Help to Refugees has been the implementing partner of the United Nations High Commissioner for Refugees (UNHCR) for the programmes of psychosocial help to refugees from Bosnia and Herzegovina. As a result of the changed circumstances the Centre focuses more and more of its activities on asylum seekers in Slovenia.

Activities in the psychosocial field take place in countries affected by armed conflicts. Programmes in those regions started in 1993 in Bosnia and Herzegovina, and spread to other parts of former Yugoslavia and to North Caucasus. They include school based psychosocial programmes, training in mental health for health care workers, social workers and psychologists, school based voluntary work of children and youths and publishing. Recently the Slovene Philanthropy is running programmes in North Caucasus (North Ossetia – Allania, Chechnya/Ingushetia), in Bosnia and Herzegovina, in Kosovo and a cross-border programme for Western Balkan; a programme for Gaza is in preparation.

See also www.filantropija.org



Society for Psychological Assistance (SPA)

The Society for Psychological Assistance (SPA) is a non-profit, non-governmental mental health organization that was founded in Zagreb, Croatia in 1993. It has the membership of 44 mental health professionals (psychologists, social workers, psychiatrists and special educators) with clinical, research, teaching and applied backgrounds, and some of them hold senior positions at Zagreb University.

The Mission of the SPA is to help alleviate the suffering of traumatic stress survivors and to provide psychological and psychosocial assistance to individuals, families, groups and communities in distress and crisis. The society's activities include providing direct psychological assistance, education and training, research and publishing. During the war in Croatia (1991-1995), SPA provided extensive psychosocial support to refugees and other war affected populations. Based on those experiences and knowledge, SPA systematically trained mental health professionals and para-professionals from other war affected countries and regions such as Bosnia-Herzegovina, Kosovo, Albania, Macedonia, Serbia, Russia, Ingushetia, Azerbaijan, Georgia, etc. The training and capacity building of SPA are directed toward prevention of family violence, psychosocial reconstruction of communities and development of civil society. SPA has a successful history of cooperation and partnerships with major international aid organizations and with international centers of excellence and research across Europe and North America. The Society has well-established cooperative relationships with governmental ministries of the Republic of Croatia. At the community level SPA works closely with local authorities, schools, health organizations and social services. SPA has developed the national Psychological Crisis Response Network (PCRT). Members of SPA continuously conduct research and present professional papers at local and international conferences and publish in domestic and international journals. Since 2003, SPA has been operating the innovative Community family center Modus in Zagreb that provides comprehensive psychosocial support to children, adolescents and families. Each year they organize a major national or an international conference.

See also <http://www.dpp.hr/eng/onama.php>



OMEGA

GESUNDHEITSSTELLE
HEALTH CARE CENTER GRAZ

OMEGA Health Care Center

OMEGA Health Care Center developed over the last 15 years to meet the needs for support and integration of a growing number of migrants, asylum seekers and refugees in Austria. OMEGA was established in 1995, as an extension of the society, Austrian Physicians against Violence and Nuclear Danger, in particular in response to refugees from the former Yugoslavia. After its founding by two psychiatrists in 1995, operations started in January 1996 and the organisation has since grown in size and scope. It currently employs 42 full and part-time staff, as well as many contracted workers such as translators. Of the staff, 20 have a mother tongue other than German, and 16 different nations are represented.

OMEGA focuses on medical, psychological and social counselling, as well as treatment for refugees and other victims of violence. Among its activities: Community based psychosocial programmes for children, adolescents and women. Co-ordination of the "Medical Network for Social Reconstruction in former Yugoslavia". Training programmes for "Helpers" in the psychosocial field both locally and internationally. Co-ordinating function in European networking concerning Children's Rights (DAPHNE Program), refugee health and cultural activities. Projects relating to workplace health and safety in multicultural working environments. Advocacy work: lecturing, informing and raising public awareness. Surveys and research in the fields of public health and integration.

The multidisciplinary team of OMEGA incorporates physicians, nurses, psychologists, psychotherapists, psychiatrists, public health specialists, financial, administrative and communications staff, social workers, teachers, a legal expert, cultural interpreters and translators, catering and cleaning teams.

As defined in its Statutes, OMEGA has the task of caring and arranging treatment for victims of organised violence and human rights violations. In all areas of its work and in all activities, OMEGA seeks to follow the guide of the WHO- definition of health: Health is not only the absence of illness, but complete physical, social and psychological well-being.

See also www.omega-graz.at

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Author Index

| | | | |
|----------------------|--------------|--------------------|---------------------|
| Ademi, A. | 115 | Lindert, J. | 45 |
| Alistratova, O. | 51 | Lushtaku, J. | 85 |
| Asllani, M. | 63, 85, 115 | Marevci, M. | 85 |
| Baloch-Kaloianov, E. | v | Mehmeti, A. | 85 |
| Björn, Å. | 31 | Métraux, J.-C. | 37 |
| Capewell, E. | 1 | Mikuš Kos, A. | v, 63, 85, 115, 139 |
| Elshani, M. | 85 | Miller, B. | 85 |
| Hodza-Beganovic, R. | 31 | Pantić, Z. | 17 |
| Isaku, B. | 115 | Peci, M. | 85 |
| Jerg-Bretzke, L. | 45 | Sallova, A. | 115 |
| Jusuifi, A. | 115 | Shabani, S. | 63, 115 |
| Krasniqi, B. | 115 | Statovci, Sejdi | 115 |
| Kuljuh, E. | 27, 115, 157 | Statovci, Shukrije | 115 |
| Lekaj, F. | 63, 85 | Traue, H.C. | 45 |
| Lekaj, R. | 63, 85, 115 | Xhakli, H. | 63, 85 |
| Lekaj, Y. | 115 | | |

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